

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16487 (3)

1. Corporation Name
JUBILEE CHRISTIAN CENTER OF PENSACOLA, INC.



Principal Place of Business: 6264 N. "W" STREET (32506), P.O. BOX 30269, PENSACOLA FL 32503-1032
Mailing Address: 6264 N. "W" STREET (32506), P.O. BOX 30269, PENSACOLA FL 32503-1032

3. Date Incorporated or Qualified: **08/22/1986**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business: 21 **5910 NORTH "W" ST (32505)**
22 Suite, Apt. #, etc.
23 City & State
24 Zip: **32503-1032**
25 Country
26 2a. Mailing Address: **5910 North "W" ST (32505)**
27 Suite, Apt. #, etc.: **P.O. Box 30269**
28 City & State: **PENSACOLA, FL**
29 Zip: **32503-1032**
30 Country

4. FEI Number: **59-2695922**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BALLENGER, LINDELL
6221 HEART PINE DRIVE
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BALLENGER, LINDELL	
STREET ADDRESS	6221 HEART PINE DR.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BALLENGER, DARLENE	
STREET ADDRESS	6221 HEART PINE DR.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOWLING, HAROLD	
STREET ADDRESS	230 ETTA ST.	
CITY-ST-ZIP	PENSACOLA FL 32514-3127	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLS, ROBERT C.	
STREET ADDRESS	6712 GREENWELL ST.	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRONU, LARRY	
STREET ADDRESS	2040 HOLLYHILL RD.	
CITY-ST-ZIP	PENSACOLA FL 32526-3833	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR
Date: **4-18-96** Daytime Phone: **904-474-9484**

CR2E037 (12/95)