

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:19

DOCUMENT # **N20626 (0)**
1. Corporation Name
CHURCH OF ETERNITY IN CHRIST JESUS INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2911 NW 25 STREET
FT. LAUDERDALE FL 33311**

Mailing Address
**2931 N.E. 11TH TERR
GAINESVILLE FL 32609
US**

3. Date Incorporated or Qualified 05/13/1987	3a. Date of Last Report 03/03/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
**MCQUEEN, ROEBUCK
2911 N.W. 25 STREET
FT. LAUDERDALE FL 33311**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCQUEEN, ROSA LEE
STREET ADDRESS	2911 NW 25 STREET FT. LAUDERDALE FL
CITY - ST - ZIP	
TITLE	VD
NAME	MCQUEEN, ROEBUCK <i>DECEASED</i>
STREET ADDRESS	2911 NW 25 STREET FT. LAUDERDALE FL
CITY - ST - ZIP	
TITLE	TD
NAME	GREEN, ROSEMARY
STREET ADDRESS	2931 NW 25 STREET FT. LAUDERDALE FL
CITY - ST - ZIP	
TITLE	SD
NAME	GREEN, BOSSIE <i>DECEASED</i>
STREET ADDRESS	2931 NW 25 STREET FT. LAUDERDALE FL
CITY - ST - ZIP	
TITLE	D
NAME	JONES, WILLIE M.
STREET ADDRESS	628 SW 147 AVE., #110 FT. LAUDERDALE FL
CITY - ST - ZIP	
TITLE	D
NAME	ALFRED, LARRY <i>DECEASED</i>
STREET ADDRESS	2911 NW 25 STREET FT. LAUDERDALE FL
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)(b), 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: Rosa Lee McQueen **4-10-95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Required if new)