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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N95000004556 (5)

1. Corporation Name

JIREH MINISTRIES, INCORPORATED

Principal Place of Business	Mailing Address
4901 INDIALANTIC DR. ORLANDO FL 32808	4901 INDIALANTIC DR. ORLANDO FL 32808

3. Date Incorporated or Qualified: 09/22/1995

3a. Date of Last Report:

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: [ ] Applied For [X] Not Applicable

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

JOHNSON, SHARON L
4901 INDIALANTIC DR.
ORLANDO FL 32808

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	[ ] DELETE	1.1 TITLE	P/D	[ ] Change [ ] Addition
NAME	JOHNSON, SHARON L		1.2 NAME	Johnson, Sharon L	
STREET ADDRESS	4901 INDIALANTIC DR.		1.3 STREET ADDRESS	4901 Indialantic Drive	
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CITY-ST-ZIP	Orlando, Fl 32808	
TITLE	V	[ ] DELETE	2.1 TITLE	V/D	[ ] Change [ ] Addition
NAME	JOHNSON, ASHLEY E		2.2 NAME	Johnson, Ashley E	
STREET ADDRESS	4901 INDIALANTIC DR.		2.3 STREET ADDRESS	4901 Indialantic Dr	
CITY-ST-ZIP	ORLANDO FL 32808		2.4 CITY-ST-ZIP	Orlando, Fl 32808	
TITLE	ST	[ ] DELETE	3.1 TITLE	S/D	[ ] Change [ ] Addition
NAME	STEVENSON, SHERIAN		3.2 NAME	Stevenson , Sherian	
STREET ADDRESS	4901 INDIALANTIC DR.		3.3 STREET ADDRESS	4901 Indialantic Dr	
CITY-ST-ZIP	ORLANDO FL 32808		3.4 CITY-ST-ZIP	Orlando, Fl 32808	
TITLE		[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: Sharon Lyles Johnson 7/5/96 (407) 956-6088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #