

**DOCUMENT # N95000005477**

1. Entity Name

**FAITH IN JESUS MINISTRY, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 23 AM 11:56

601520



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
3412 W. BROWARD BLVD.      3412 W. BROWARD BLVD.  
FT. LAUDERDALE FL 33311      FT. LAUDERDALE FL 33312-1117

2. Principal Place of Business      3. Mailing Address  
3412 West Broward Blvd.      3412 West Broward Blvd.  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Ft. Lauderdale, Fla.      Ft. Lauderdale, Fla.  
Zip      Zip  
33312-1117      33312-1117  
Country      Country

4. FEI Number      Applied For  
65-0624123      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
WALQUER, T  
3412 W. BROWARD BLVD.  
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent  
Name: Traczubrutka's WALQUER  
Street Address (P.O. Box Number is Not Acceptable):  
3412 West Broward Blvd  
City: Ft. Lauderdale      FL      Zip Code: 33312-1117

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  
SIGNATURE:      DATE: January 5, 2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25      9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees      Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALQUER, T C/O 3412 W BROWARD BLVD FT-LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director of estate G. Gordon 3412 W Broward L. Blvd. Ft. Lauderdale <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORDON, WILBUR % 3412 W. BROWARD BLVD. FT. LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003152144 -03/01/00--01003--010 *****61.25 *****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, ETHEL % 3412 W. BROWARD BLVD. FT. LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT MAGNUS, HELEN % 3412 W. BROWARD BLVD. FT. LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, HELEN % 3412 W. BROWARD BLVD. FT. LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2/23 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT HALL, EDGAR % 3412 W. BROWARD BLVD. FT. LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:      DATE: Jan. 4, 2000      Daytime Phone #: 954-720-0225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)