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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N97000002357 (8)**

1. Corporation Name
THE ARMS OF JESUS NEVER CLOSE, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 103 STARKE FL 32091-0103	POST OFFICE BOX 103 STARKE FL 32091-0103

3. Date Incorporated or Qualified: 04/25/1997

4. FEI Number: ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 The Arms of Jesus Never C	26 P.O.Box 13245
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jax. Fla.	City & State 28 Jax Fla.
Zip 24 32206 Country 25 Duval	Zip 29 32206 Country 30 Duval

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LOCKHART, FRANCINE MS.
1124 HARMONY DRIVE NORTH
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent

81 Miss Phyllis D. Duggan
82 Street Address (P.O. Box Number is Not Acceptable): 2038 Williams St. (Living)
83 P.O. Box 13245 (Mailing Add.)
84 City: Jax FL 85 Zip Code: 32206

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: Miss Phyllis D. Duggan — Miss Phyllis D. Duggan — DATE: 2-14-98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PINGEL, CHERYL R REV ROUTE 3 BOX 1140 MACCLENNY FL 32063	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Rev. John Vick 6749 Lenox Ave. Jacksonville Fl 32205
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VICK, HAROLD DR 7070 PERKE DRIVE JACKSONVILLE FL 32210	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Pastor Ebed Scott 232 E. 8th Street Jax Fl 32206
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOCKHART, FRANCINE MS. 1124 HARMONY DRIVE NORTH JACKSONVILLE FL 32259	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Miss Vereecia Pinkney 9614 Harborview Dr. Jax Fla. 32216
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VICK, JOHN REV 6749 LENOX AVENUE JACKSONVILLE FL 32205	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD Pastor Barry Trent 1340A Jefferson Ave. Orange Park Fl. 32065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DUGGAN, PHYLLIS LADY ROUTE 6 BOX 4105 STARKE FL 32091	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SD Duggan, Lady Phyllis 1804 Main St. Jax Fla. 32206
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. 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 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: Barry Trent — Treasurer (BARRY TRENT) — 1-28-98 — 904-276-7539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0004570