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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 97000002337
1. Corporation Name: The Arms of Jesus Never Close, Inc.

Principal Place of Business	Mailing Address
331 E. 16th St. Jacksonville, Fl 32206	678 Shetter Ave Jacksonville Beach, Florida 32250

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 331 E. 16th Street	26 PO Box 13245	April 1997
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number: 59-3331293 ☐ Applied For ☐ Not Applicable
23 City & State: Jacksonville, Florida	28 City & State: Jacksonville, Florida	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip: 32206 25 Country: Duval	29 Zip: 32206 30 Country: Duval	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Ms. Francine Lockhart 1124 Harmony Dr. No. Jacksonville, Fl 32259	81 Name: Vicki Smith 82 Street Address (P.O. Box Number is Not Acceptable): 678-B Shetter Ave 83 84 City: Jacksonville Beach FL 85 Zip Code: 32250

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: Vicki Smith President/Director Vicki Smith 9/7/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Director Rev John Vick 6749 Lenox Ave Jacksonville Fl 32205	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President/Director Vicki Smith 678-B Shetter Ave Jacksonville Beach, Fl 32250	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Director Ms. Francine Lockhart 1124 Harmony Dr. No. Jacksonville, Fl 32259	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secretary/Director Veneecia Pinkney 4614 Harborview Dr Jacksonville, Fl 32208	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer/Director Rev John Vick 6749 Lenox Ave Jacksonville, Fl 32205	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	Steward/Director Lady Phyllis Duggan PO Box 13245 Jacksonville, Fl 32206	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Treasurer/Director Robert A. Maurer 1636 North Laura St. Jacksonville, Fl 32206	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Phyllis D. Duggan 9/7/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #