SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

FILED Jul 23, 1999 8:00 am Secretary of State

07-23-1999 90010 039 ****61.25

DOCUMENT # N95000005477

1. Corporation Name

FAITH IN JESUS MINISTRY, INC.

					i				
Principal Place of Business Mailing Address									
		3412 W. BROWARD BLVD. FT. LAUDERDALE FL 33311							
2. Principal Place of Business 2a. Mailing Address						3. Date Incorporated or Qualifed			
21		26	26			11/17/1995			
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number		Appl	lied For
22		27				65-0624123			Applicable
City & State		City & State			1	5. Certificate of Status Desired		\$8.75 Ad	
23		28						Fee Req	
Zip —,	Country	⊢ ¬ ·	Country	•		6. Election Campaign Financing		\$5.00 N	
24	25	29 30		• •		Trust Fund Contribution	raigtared Ac	Added to	rees
9. Name and Address of Current Registered Agent				Name		10. Name and Address of New Re	gistered Ag	leur	
			81		Aلر	LRYER, T.			
THOMAS, DOROTHY				Street A	Address	s (P.O. Box Number is Not Acceptate	Ot. N(elc		
3412 W. BROWARD BLVD.				3	<u>415</u>	W. BROWARD	0000		
FT. LAUDERDALE FL 33311									
			84	City		100000	FL	85 Zip Co	de
									l /
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. If poth, 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 farifilial with and accept the obligations of, Section 617.0503, Florida Statutes.									
agent. I am territia with and accept the obligations of, Section 617.0503, Florida Statutes.									Į
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
12.	Signature, typed or printed name of registered agent : OFFICERS AND		13	it signatura re	quirou w	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 12
TITLE	D		1.1 TITLE]	- A 7	ESIDENT		Change	X Addition
NAME	THOMAS, DOROTHY	,	1.2 NAME		WA	LOYER T.	الدياء		
STREET ADDRESS	3412 W BROWARD BLVD		1.3 STREE	TADORESS	clo	Juiz W. BROWARD	222		
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		1.4 CITY-S	T-ZIP	* 6	T LANDERDAUG FL	3331	17	
TITLE	D		2.1 TITLE		VP		1	Change	Addition
NAME	GORDON, WILBUR		2.2 NAME		•				
STREET ADDRESS	% 3412 W. BROWARD BLVD.		2.3 STREE	T ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		2. 4 CITY-S	ST-ZIP					
TITLE	D	☐ DELETE	3.1 TITLE				[Change	Addition
NAME	GORDON, ETHEL		3.2 NAME						
STREET ADDRESS	% 3412 W. BROWARD BLVD.		3.3 STREE	TADDRESS					}
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	I.	3.4. CITY- S	ST-ZIP					
TITLE	D	X) DELETE	4.1 TITLE		60-T	REASURER AGNUS, HELEN 3412 H. BROWARD B	[☐ Change	Addition
NAME	FIELDS, CHRISTINE	· ·	4. 2 NAME		W	AGNUS, HELEN	z uz.		
STREET ADDRESS	% 3412 W. BROWARD BLVD.		4.3 STREE	T ADDRESS	clo	3415 M. RNOWARD D		.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		4.4 CITY-S		1	FT LAUDENDALL, FL	<u> </u>		
TITLE	D		5.1 πrLE		56	ELAUDERDALL, FL	į,	K Change	☐ Addition
NAME	Johnson, Helen		5.2 NAME						
STREET ADDRESS	% 3412 W. BROWARD BLVD.		5.3 STREE	TADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		5.4 CITY-S	T-ZIP		73			
TITLE	D		6.1 TITLE		(0	- TREASURER	2	Change	Addition
NAME	HALL, EDGAR		6.2 NAME						
STREET ADDRESS	% 3412 W. BROWARD BLVD.		6.3 STREE	TADDRESS					

FT. LAUDERDALE FL 33311 CITY-ST-ZIP 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 suppliemental 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 consoration or true 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 chapter, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

ATURE REQUIREDWALDIER, JULY 8 1999

954-792-2037