

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90029 008 ****61.25

DOCUMENT # 708545

1. Corporation Name
JORDAN Chapel Freewill Baptist
Church, INC.

553541 - 90029 - 8

Principal Place of Business Mailing Address
3415 GRAND AVE ARBIE RUMPH
MIAMI FL, 33133 16504 S.W. 153 CT
MIAMI FL
33187

2. Principal Place of Business 21 3415 GRAND AVE Suite, Apt. #, etc.	2a. Mailing Address 26 16504 S.W. 153 CT Suite, Apt. #, etc.	3. Date Incorporated or Qualified 2/25/1965
22 City & State 23 MIAMI FL Zip Country	27 City & State 28 MIAMI FL Zip Country	4. FEI Number 05-0114808 Applied For Not Applicable
24 33133 25	29 33187 30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ARBIE RUMPH 16504 S.W. 153 CT MIAMI FL 33187	10. Name and Address of New Registered Agent 81 Name ARBIE RUMPH 82 Street Address (P.O. Box Number is Not Acceptable) 16504 S.W. 153 CT 83 16504 S.W. 153 CT 84 City MIAMI FL 85 Zip Code 33187
---	---

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 Arbie Rumph ARBIE RUMPH
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 <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME ARBIE RUMPH 13 STREET ADDRESS 16504 S.W. 153 CT 14 CITY-ST-ZIP MIAMI FL 33187
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME TIM SMITH 23 STREET ADDRESS 3150 MURRAY ST 24 CITY-ST-ZIP MIAMI FL 33133
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME MARY RIVER 33 STREET ADDRESS 3766 FLORIDA AVE 34 CITY-ST-ZIP MIAMI FL 33133
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME BETTY HENLY 43 STREET ADDRESS 3165 CARTER ST 44 CITY-ST-ZIP MIAMI FL 33133
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME ANNIE F. EVERETT 53 STREET ADDRESS 3411 DAY AVE 54 CITY-ST-ZIP MIAMI FL 33133
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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 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: Arbie Rumph ARBIE RUMPH 4/7/99 305-252-4025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)