

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED
99 JUL -9 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708545
1. Corporation Name
Jordan Chapel Freewill Baptist Church, Inc.
3415 Grand Ave
Coconut Grove, FL

Principal Place of Business 3415 Grand Ave Coconut Grove, FL 33133	Mailing Address 3415 Grand Ave Coconut Grove, FL 33133
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 2/25/65 4. FEI Number 05-0114808 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
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9. Name and Address of Current Registered Agent THOMPSON, G. WAYNE 4261 N.W. 2nd Street Plantation, FL 33317	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Trustee	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	G. Wayne Thompson	1.2 NAME	
STREET ADDRESS	4261 N.W. 2nd Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Plantation, FL 33317	1.4 CITY-ST-ZIP	
TITLE	Secretary/Trustee	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Henry	2.2 NAME	
STREET ADDRESS	3737 Frow Ave	2.3 STREET ADDRESS	
CITY-ST-ZIP	Coconut Grove, FL 33133	2.4 CITY-ST-ZIP	
TITLE	Trustee	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margaret Johnson	3.2 NAME	
STREET ADDRESS	3415 Grand Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	Coconut Grove, FL 33133	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)