

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 28 1997 8:00am
Secretary of State

DOCUMENT #

1. Corporation Name

Jesus Divine Family Church & School Board, Inc

Principal Place of Business

Mailing Address

Post Office Box 335
Sharpes, Florida 32959

3. Date Incorporated or Qualified

3a. Date of Last Report

1-1-94

2. Principal Place of Business

2a. Mailing Address

21 4120 Devoe Ave

26 P.O. Box 335

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Sharpes, Florida

28 Sharpes, Florida

Zip

Country

Zip

Country

24 32959

25 Brevard

29 32959

30 Brevard

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

William Henry Proby
P.O. Box 335
Sharpes, FL 32959

81 Name

William Henry Proby

82 Street Address (P.O. Box Number is not Acceptable)

4120 Devoe Street

83

84 City

Sharpes

FL

85 Zip Code

32927

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	William Henry Proby President	<input type="checkbox"/> DELETE
NAME	William Henry Proby	
STREET ADDRESS	P.O. Box 335	
CITY-ST-ZIP	Sharpes, FL 32959	
TITLE	Burgess, Josephine	<input type="checkbox"/> DELETE
NAME	Burgess, Josephine	
STREET ADDRESS	4110 Devoe Ave	
CITY-ST-ZIP	Sharpes, FL 32927	
TITLE	Brown, Robert	<input type="checkbox"/> DELETE
NAME	Brown, Robert	
STREET ADDRESS	3220 Devoe Ave	
CITY-ST-ZIP	Sharpes, FL 32927	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Avenue	
1.3 STREET ADDRESS	4120 Devoe Street	
1.4 CITY-ST-ZIP	Sharpes, FL 32927	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: William Henry Proby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-97 (407) 636-0426
Date Daytime Phone #

CR2E037 (9/96)