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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763874** (5)

1. Corporation Name

JESUS CHRIST IS LORD, INC.

Principal Place of Business

Mailing Address

2311 WILLIAMS DR
~~P.O. BOX 415~~
FT MYERS FL 33901
US

~~P.O. BOX 415~~
~~P.O. BOX 415~~
FT MYERS FL 33902
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a **P.O. Box 1290**

23 City & State

27 City & State **FT Myers FL**

24 Zip **25** Country

29 **33902** **30** **Lee**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/23/1982

4. FEI Number

59-2191486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

SANTANA, SALVADOR
2311 WILLIAMS DR
FT MYERS FL 33901

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

NAME **PD**
STREET ADDRESS **SANTANA, SALVADOR**
CITY-ST-ZIP **2311 WILLIAMS DR**
FT MYERS FL

TITLE ☐ DELETE

NAME **TSD**
STREET ADDRESS **SANTANA, KATHERINE**
CITY-ST-ZIP **2311 WILLIAMS DR**
FT. MYERS FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **GUIRGUIS, MARGARET**
CITY-ST-ZIP **206 UTAH AVENUE**
FT MYERS FL

TITLE ☒ DELETE

NAME **T**
STREET ADDRESS **SCHARON, JOANNE**
CITY-ST-ZIP **5410 LEE STREET**
LEHIGH ACRES FL

TITLE ☒ DELETE

NAME **C**
STREET ADDRESS **BROWN, LILLA**
CITY-ST-ZIP **1152 NAVAJO AVE**
LEHIGH ACRES FL

TITLE ☐ DELETE

NAME **Elizabeths Arriaga**
STREET ADDRESS **3855 Broadway Apt 103**
CITY-ST-ZIP **FT Myers, FL 33901**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **VTD** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE: **Katherine Santana** **Katherine Santana** **4/20/98** **941 332-1350**

CR2E037 (10/97)