

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 765194 (6)
1. Corporation Name
JESUS PEOPLE MINISTRIES, INC.

95 APR -5 PM 3:16

Principal Place of Business Mailing Address
**3974 NW 167 ST.
MIAMI FL 33054** **3974 NW 167TH ST
MIAMI FL 33054
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/24/1982** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2225033** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WILLIAMS, ISAH S., JR.
3845 N.W. 194 ST.
MIAMI FL 33055**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------|
| TITLE | PD |
| NAME | WILLIAMS, ISAH S., JR. |
| STREET ADDRESS | 3845 N.W. 194 ST. |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | TD |
| NAME | MITCHELL, NANCY |
| STREET ADDRESS | 3250 NW 51 ST |
| CITY - ST - ZIP | MIAMI, FL 00000 |
| TITLE | VD |
| NAME | WILLIAMS, GLORIA Y. |
| STREET ADDRESS | 3845 N.W. 194 ST. |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | SD |
| NAME | JOHNSON, DIANNE |
| STREET ADDRESS | 18548 NW 22 PL. |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | PD (Correct spelling) <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | WILLIAMS, ISAIHAH., JR. |
| 1.3 STREET ADDRESS | 3845 N.W. 194 ST. |
| 1.4 CITY - ST - ZIP | MIAMI FL |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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: *Gloria Y. Williams* **Gloria Y. Williams (VD) 3/30/95 625-9630** (305)
Date Office Phone