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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 765194

(6)

1. Corporatio	on Name	(-)			
JESUS	S PEOPLE MINISTRIES,	INC.		( 1884) (48)4 S(18) (41)8 (21)8 (21)8	li Giği Biğli Giği) Çiğil Çiğil Biğli Biğli Giğil
Principal Place	e of Business	Mailing Address			H BYON BIRNA BIRIN BYON BIRN BIRNA BIRIN ARBE
3974 NW 16 MIAMI FL 3:		3974 NW 167TH ST MIAMI FL 33054 US			
				3. Date Incorporated or Qualified 09/24/1982	3a. Date of Last Report 04/05/1995
2. Principal Pl	lace of Business 5 NW 183 5 fre	2a. Mailing Address	WW 102 C	4. FEI Number	Applied For
Suite, Apt.	# etc	e <del>f</del> 26 4055 . Suite, Apt. #, etc.	NW/83 St	59-2225033	Not Applicable
22		27		<ol><li>Certificate of Status Desired</li></ol>	\$8.75 Additional
City & State		City & State		Election Campaign Financing	Fee Required
23 Mia	imi Ha.	28 Miami.	Ha.	Trust Fund Contribution	□ \$5.00 May Be
Zip	Country	Zip	Country	8. This corporation has liability for i	
24 3 3 <i>05</i>		29 33055	30 USA	Florida Statutes	Yes WNo
	9. Name and Address of Cu	urrent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
1484 1 1 4 4	140 104H 1 0 10				
	MS, ISAIH S., JR.		82 Street A	ridress (P.O. Box Number is Not Acceptabl	(e)
	I.W. 194 ST.		83	206 NW 83 CT	
MINNE I	FL 33055		63		
			84 City	1.61	85 Zip Code
				11 /1 12/11	FL 330/6
11. Pursuant I	to the provisions of Sections 617.0	0502 and 617,1508, Florida Statu	ites, the above-pamed con	poration submite this statement for the our	
				poration submits this statement for the purpoard of directors. I hereby accept the appo	
familiar wi	to the provisions of Sections 617.0 red agent, or both, in the State of ith, and accept the obligations of,			poration submits this statement for the purpoper of directors. I hereby accept the appopriate of directors are supported by the support of directors and the support of the	
familiar wi		Section 617.0503, Florida Statute	ized by the corporation's b es.	oard of directors. I hereby accept the appo	pose of changing its registered office intreent as registered agent. I am
familiar with SIGNATURE	th, and accept the obligations of,	Section 617.0503, Florida Statute		oard of directors. I hereby accept the appo	oose of changing its registered office intrnent as registered agent. I am
familiar wi SIGNATURE _ 12.	th, and accept the obligations of, :  Signature, typed or printed name of registered  OFFICERS  PD	Section 617.0503, Florida Statute	ized by the corporation s o as. IOTE: Registered Agent synature req	oard of directors. Thereby accept the appoint	oose of changing its registered office intrnent as registered agent. I am
familiar wi SIGNATURE	sth, and accept the obligations of, signature, typed or printed name of registered OFFICERS PD WILLIAMS, ISAIAH J	Section 617.0503, Florida Statute  lagert and title i applicates (N	OTE: Registered Agent signature req	oard of directors. I hereby accept the appoured when renstaing!  ADDITIONS: CHANGES TO OFFI	DOSE Of Changing its registered office intrment as registered agent. I am  DATE  CERS AND DIHECTORS IN 12  Addition
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SIGNATURE:

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 composition 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 or an attachment with an address.

GNATURE:

| Matture | Matture