

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765194 (6)

1. Corporation Name
JESUS PEOPLE MINISTRIES, INC.



Principal Place of Business 3974 NW 167 ST. MIAMI FL 33054	Mailing Address 3974 NW 167TH ST MIAMI FL 33054 US
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2. Principal Place of Business 21 4055 NW 183 Street	2a. Mailing Address 26 4055 NW 183 Street	3. Date Incorporated or Qualified 09/24/1982	3a. Date of Last Report 04/05/1995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2225033	Applied For Not Applicable
23 City & State Miami, Fla.	28 City & State Miami, Fla.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33055	25 Country USA	29 Zip 33055	30 Country USA
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fee
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent WILLIAMS, ISAIH 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) 16206 NW 83 CT 83 84 City Hiialeah, FL 85 Zip Code 33016
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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ISAIH J	1.2 NAME	
STREET ADDRESS	3845 N.W. 194 ST.	1.3 STREET ADDRESS	16206 NW 83 CT
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Hiialeah, Fla. 33016
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, NANCY	2.2 NAME	
STREET ADDRESS	3250 NW 51 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GLORIA Y.	3.2 NAME	
STREET ADDRESS	3845 N.W. 194 ST.	3.3 STREET ADDRESS	16206 NW 83 CT
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Hiialeah, Fla. 33016
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DIANNE	4.2 NAME	
STREET ADDRESS	18546 NW 22 PL.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 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: Gloria Y. Williams VD 4/30/96 (305) 625-9630
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)