


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 808426 (1)**

1. Corporation Name  
**THE CHURCH OF JESUS CHRIST**



Principal Place of Business <b>5836 OREBANK RD. KINGSPORT TN 37664-4566</b>	Mailing Address <b>5836 OREBANK RD. KINGSPORT TN 37664-4566</b>
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3. Date Incorporated or Qualified <b>12/27/1950</b>	3a. Date of Last Report <b>04/22/1996</b>
4. FEI Number <b>52-1036971</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**FULFORD, MS CARRIE C  
6531 SOUTH MAGNOLIA ST  
BOX 855  
HOMOSASSA FL 32681**

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 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 **MS Carrie C. Fulford** *Carrie C. Fulford 4-3-97* DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OSBORNE, MILDRED I</b>	
STREET ADDRESS	<b>3312 RUSTIC HILLS DR.</b>	
CITY-ST-ZIP	<b>KINGSPORT TN 37660</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>ADINOLFI, ANTHONY M</b>	
STREET ADDRESS	<b>2109 FAULK LN.</b>	
CITY-ST-ZIP	<b>KINGSPORT TN 37660</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WARD, JAMES P</b>	
STREET ADDRESS	<b>P.O. BOX 92 N/A</b>	
CITY-ST-ZIP	<b>CENTREVILLE AL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RICE, WATHA C</b>	
STREET ADDRESS	<b>N/A VALLEYVIEW ADDITION</b>	
CITY-ST-ZIP	<b>PETERSTOWN W. VA</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SAPP, R.W. SR</b>	
STREET ADDRESS	<b>P.O. BOX 2134 CSS N/A</b>	
CITY-ST-ZIP	<b>DUBLIN GA 31040</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>ADINOLFI, CAROL J</b>	
STREET ADDRESS	<b>2109 FAULK LN.</b>	
CITY-ST-ZIP	<b>KINGSPORT TN</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<b>D</b>
5.3 STREET ADDRESS	<b>Sapp, R.W., Sr.</b>
5.4 CITY-ST-ZIP	<b>P.O. Box 2134 CSS N/A</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Dublin, GA 31040</b>
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.

CR2E037 (9/96)