

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **808426** (1)
1. Corporation Name
THE CHURCH OF JESUS CHRIST

Principal Place of Business 5836 OREBANK RD. KINGSPORT TN 37664-4566	Mailing Address 5836 OREBANK RD. KINGSPORT TN 37664-4566
--	--

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

3. Date Incorporated or Qualified 12/27/1950	4. FEI Number 52-1036971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**FULFORD, MS CARRIE C
5531 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 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 *Carrie C. Fulford* 4/2/98
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	<input type="checkbox"/> DELETE
NAME	D OSBORNE, MILDRED I
STREET ADDRESS	3312 RUSTIC HILLS DR.
CITY - ST - ZIP	KINGSPORT TN 37660
TITLE	<input type="checkbox"/> DELETE
NAME	VD ADINOLFI, ANTHONY M
STREET ADDRESS	2109 FAULK LN.
CITY - ST - ZIP	KINGSPORT TN 37660
TITLE	<input type="checkbox"/> DELETE
NAME	PD WARD, JAMES P
STREET ADDRESS	P.O. BOX 92 N/A
CITY - ST - ZIP	CENTREVILLE AL
TITLE	<input type="checkbox"/> DELETE
NAME	D RICE, WATHA C
STREET ADDRESS	N/A VALLEYVIEW ADDITION
CITY - ST - ZIP	PETERSTOWN W. VA
TITLE	<input type="checkbox"/> DELETE
NAME	D SAPP, R.W. SR
STREET ADDRESS	P.O. BOX 2134 CSS N/A
CITY - ST - ZIP	DUBLIN GA
TITLE	<input type="checkbox"/> DELETE
NAME	ST ADINOLFI, CAROL J
STREET ADDRESS	2109 FAULK LN.
CITY - ST - ZIP	KINGSPORT TN

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	
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 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: *J. P. Ward* 4/2/98 205-938-3664
Signature, typed or printed name of signing officer or director Date

CR2E037 (10/97)