

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90200 005 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 808426**

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 12/27/1950	4. FEI Number 52-1036971 Applied For 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
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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* DATE: *3/31/99*

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

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>D</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</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	
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, with all other like empowered.

SIGNATURE: **J. SAPP** SIGNATURE REQUIRED *Carrie C Fulford* 3-31-1999 205-938-3664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)