FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 AM 11:34

DOCUMENT # F93000004985 (8)

1. Corporation Name
S. J. MINISTRY, INCORPORATION

Principal Place of Business	Mailing Address
3520 CLEVELAND HEIGHTS BLVD. SUITE 75 LAKELAND FL 33803	3520 CLEVELAND HEIGHTS BLVD. SUITE 75 LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1993
3a. Date of Last Report: 04/21/1994
4. FEI Number: 34-1628146 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

JEFFERSON, SHARON E
3520 CLEVELAND HEIGHTS BLVD.
SUITE 75
LAKELAND FL 33802

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	JEFFERSON, SHARON E	12 NAME	
STREET ADDRESS	3520 CLEVELAND HEIGHTS BLVD., #75	13 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	14 CITY-ST-ZIP	
TITLE	VCD	21 TITLE	☐ Change ☐ Addition
NAME	JEFFERSON, ROBERT E	22 NAME	
STREET ADDRESS	2402 MALLARDS LANDING	23 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43229	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, WANDA	32 NAME	
STREET ADDRESS	1747 PATRICIA LN.	33 STREET ADDRESS	
CITY-ST-ZIP	LIMA OH 45801	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, CYNTHIA D	42 NAME	
STREET ADDRESS	813 CHADSWORTH	43 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	44 CITY-ST-ZIP	
TITLE	C	51 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, JERRY B	52 NAME	
STREET ADDRESS	813 CHADSWORTH	53 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attached sheet with an address.

SIGNATURE: [signature] 6/13/95 305/484/9486
SIGNATURE, TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0084817