

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000004985 (8)

1. Corporation Name

S. J. MINISTRY, INCORPORATION



Principal Place of Business

4200 INVERRARY BLVD.
#3413
LAUDERHILL FL 33319

Mailing Address

PO BOX 451155
SUNRISE FL 33345

corrected
below

3. Date Incorporated or Qualified
11/03/1993

3a. Date of Last Report
06/19/1995

2. Principal Place of Business

2a. Mailing Address

21 813 CHADSWORTH AVE
Suite, Apt. #, etc. —

26 P.O. BOX 91873
Suite, Apt. #, etc. —

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

22 City & State
SEFFNER

27 City & State
HARRLAND, FLA

24 Zip 33584 Country USA

29 Zip 33804 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name REV. CYNTHIA DIXON TAYLOR

82 Street Address (P.O. Box Number is Not Acceptable)
813 CHADSWORTH AVE

84 City SEFFNER

FL 85 Zip Code 33584

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

CYNTHIA DIXON TAYLOR
SECRETARY

4-11-96 AD.
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE CD
NAME JEFFERSON, SHARON E
STREET ADDRESS 3520 CLEVELAND HEIGHTS BLVD., #75
CITY-ST-ZIP LAKELAND FL 33803 ☐ DELETE

TITLE VCD
NAME JEFFERSON, ROBERT E
STREET ADDRESS 2402 MALLARDS LANDING
CITY-ST-ZIP COLUMBUS OH 43229 ☒ DELETE

TITLE ST
NAME COLEMAN, WANDA
STREET ADDRESS 1747 PATRICIA DR.
CITY-ST-ZIP LIMA OH 45801 ☐ DELETE

TITLE S
NAME TAYLOR, CYNTHIA D
STREET ADDRESS 813 CHADSWORTH
CITY-ST-ZIP SEFFNER FL ☐ DELETE

TITLE C
NAME TAYLOR, JERRY B
STREET ADDRESS 813 CHADSWORTH
CITY-ST-ZIP SEFFNER FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP ☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHARON E. JEFFERSON, PRESIDENT

3/18/96
Date

Daytime Phone #

CR2E037 (12/95)