

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

97 SEP 29 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997

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



DOCUMENT # F93000004985 (8)

1. Corporation Name

S. J. MINISTRY, INCORPORATION



Principal Place of Business

Mailing Address

~~813 CHADSWORTH AVE~~
~~SEFFNER FL 33584~~
~~US~~
813 CHADSWORTH AVE
SEFFNER, FL.
33584

P.O. BOX 91873
LAKELAND FL 33804
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/03/1993

3a. Date of Last Report
06/28/1996

2. Principal Place of Business

2a. Mailing Address

21 **813 CHADSWORTH AVE**

26 **- SAME -**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **SEFFNER, FL. 33584**

28 City & State

Zip

Country

Zip

Country

24

25

29

30

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, CYNTHIA DIXON
813 CHADSWORTH AVE
~~SEFFNER FL 33584~~
SEFFNER FL 33584

81 Name

CYNTHIA DIXON TAYLOR

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

813 CHADSWORTH AVE.

83

SEFFNER

84 City

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, 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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/8/97 AD

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

CHAPLAIN
TAYLOR, JERRY B
813 CHADSWORTH
SEFFNER FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
PASTOR SHARON E JEFFERSON
1401 REBECCA DR
AIMA, OHIO 45805

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TREASURER
REV. RICHARD REYNOLDS
1601 REBECCA DR
AIMA, OHIO

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

SECY
REV. JOYCE REYNOLDS
1601 REBECCA DR
AIMA, OHIO 45805

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 (4/97)

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|--|--|

DOCUMENT # F95000002886
1. Corporation Name
D.S.F. CONSULT. INC.

FILED
97 SEP 29 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
780 N.E. 69 street Suite 206
MIAMI - FLORIDA - 33138 -

| | | | | |
|--------------------------------|-----------------------|---|-----------------------------------|-----------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FLI Number | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 Suite, Apt #, etc. | 26 Suite, Apt #, etc. | 650-581-5222 | | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 24 Country | 29 Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

DANIEL SOURDAUX
780 NE. 69 st. Suite 206
MIAMI - FLORIDA - 33138

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City
85 Zip Code
FL 33138

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 12 NAME | |
| STREET ADDRESS | | 13 STREET ADDRESS | |
| CITY - ST - ZIP | | 14 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY - ST - ZIP | | 24 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY - ST - ZIP | | 34 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 attachment with an address.

SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-1997-

Date Daytime Phone #

CR2E034 (9/96)

CNPPJ12 - 00 RUN DATE 09/18/97 AS OF 09/18/97
SAMAS - CENTRAL ACCOUNTING

450000
PAGE 3

POSTED JOURNAL TRANSACTIONS BY SMDN WITHIN INITIATING OLO AND SITE

AUDIT LOCATION - STATEWIDE
OLO 450000 - DEPARTMENT OF STATE
SITE - NO TITLE

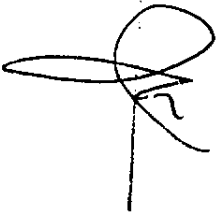
SMDN C8000006950 ADOCNO D80358

| ACCOUNT CODE | CF | TC | OBJECT | AMOUNT | ACCOUNT CODE | BENEFITTING DATA | CF | TC | OBJECT |
|--------------------------------------|----|----|--------|--------|--------------|------------------|----|----|--------|
| 45 20 2 130001 45300000 00 000100 00 | | 45 | 0010 | 165.00 | | | | | |
| TRANSACTION CODE TOTAL - 45 | | | | 165.00 | | | | | |

(2)

DATE ENTERED

SEP 19 1997



45301010-R2
601015 - 600100