

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PH 12: 15

DOCUMENT # **N02558** (7)

1. Corporation Name
JESUS IS MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

JAMES R. ADAMS
DAISY STREET BOX 1110
INGLIS FL 34449
US

JAMES R. ADAMS
P O BOX 1110
INGLIS FL 34449-1110
US

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/16/1984 | 3a. Date of Last Report 04/18/1994 |
| 4. FEI Number 59-2412090 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

ADAMS, JAMES R.
42 DAISY ST
BOX 331
INGLIS FL 34449

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

12. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------------|
| TITLE | D |
| NAME | WINTER, GARY F. |
| STREET ADDRESS | 6390 W RICH ST. |
| CITY - ST - ZIP | CRYSTAL RIVER FL |
| TITLE | PD |
| NAME | ADAMS, JAMES R. |
| STREET ADDRESS | DAISY STREET, POB 331 |
| CITY - ST - ZIP | INGLIS FL |
| TITLE | SD |
| NAME | GILBERT, LORRAINE E. |
| STREET ADDRESS | DAISY ST., POB 331 |
| CITY - ST - ZIP | INGLIS FL |
| TITLE | D |
| NAME | ADAMS, GLORIA J. |
| STREET ADDRESS | DAISY STREET, POB 331 |
| CITY - ST - ZIP | INGLIS FL |
| TITLE | D |
| NAME | DALLMAN, PAUL |
| STREET ADDRESS | 14421 W OZELLO TRAIL |
| CITY - ST - ZIP | CRYSTAL RIVER FL |
| TITLE | TD |
| NAME | DALLMAN, BEULAH E. |
| STREET ADDRESS | 14421 W OZELLO TRAIL |
| CITY - ST - ZIP | CRYSTAL RIVER FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 11 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | DELETE |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | SD |
| 33 STREET ADDRESS | HASLEY, ROSE E. |
| 34 CITY - ST - ZIP | 15 TRONU DR INGLIS FL 34449 |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 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)(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: JAMES R. ADAMS **JAMES R. ADAMS** 4-8-95 (904)447-2731

Signature and Typed or Printed Name of Signing Officer or Director Date Digital Filing #