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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N02558 (7)

1. Corporation Name
JESUS IS MINISTRIES, INC.



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 03/20/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2412090 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JAMES R.	1.2 NAME	
STREET ADDRESS	DAISY STREET, POB 331	1.3 STREET ADDRESS	
CITY-ST-ZIP	INGLIS FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASLEY, ROSE E.	2.2 NAME	
STREET ADDRESS	58 DAISY STREET P.O. BOX 1110	2.3 STREET ADDRESS	
CITY-ST-ZIP	INGLIS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, GLORIA J.	3.2 NAME	
STREET ADDRESS	DAISY STREET, POB 331	3.3 STREET ADDRESS	
CITY-ST-ZIP	INGLIS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALLMAN, PAUL	4.2 NAME	
STREET ADDRESS	14421 W OZELLO TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALLMAN, BEULAH E.	5.2 NAME	SAVAGE, RALPH J.
STREET ADDRESS	14421 W OZELLO TRAIL	5.3 STREET ADDRESS	7505 S. E. 161ST TERR., POB 1739
CITY-ST-ZIP	CRYSTAL RIVER FL	5.4 CITY-ST-ZIP	HAWTHORNE FL 32640-1739
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	HENNESSY, FRANCIS J.
STREET ADDRESS		6.3 STREET ADDRESS	11240 N. NORTHWOOD DR. LOT 118
CITY-ST-ZIP		6.4 CITY-ST-ZIP	INGLIS FL 34449-9250

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 ACQUIRE D JAMES R. ADAMS 4-27-97 (352) 447-2731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065262

CR2E037 (9/96)