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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02558

1. Corporation Name
JESUS IS MINISTRIES, INC.

Principal Place of Business %JAMES R. ADAMS DAISY STREET BOX 1110 INGLIS FL 34449 US	Mailing Address %JAMES R. ADAMS P O BOX 1110 INGLIS FL 34449-1110 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/16/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2412090
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADAMS, JAMES R.	
STREET ADDRESS	DAISY STREET, POB 331	
CITY-ST-ZIP	INGLIS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HASLEY, ROSE E.	
STREET ADDRESS	58 DAISY STREET P.O. BOX 1110	
CITY-ST-ZIP	INGLIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, GLORIA J.	
STREET ADDRESS	DAISY STREET, POB 331	
CITY-ST-ZIP	INGLIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DALLMAN, PAUL	
STREET ADDRESS	14421 W OZELLO TRAIL	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SAVAGE, RALPH J	
STREET ADDRESS	7505 S.E. 161ST TERR., POB 1739	
CITY-ST-ZIP	HAWTHORNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENNESSY, FRANCIS J	
STREET ADDRESS	11240 N. NORTHWOOD DR., LOT 118	
CITY-ST-ZIP	INGLIS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BOWER, FRANK W. JR.
4.3 STREET ADDRESS	1402 MINERAL COURT
4.4 CITY-ST-ZIP	HERNANDO FL 34442
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	8050 SE 140TH CIR. #12A P.O. BOX 201
5.4 CITY-ST-ZIP	INGLIS FL 34449
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	108 DAISY STREET
6.4 CITY-ST-ZIP	INGLIS FL 34449

14. I 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, with all other like empowered.

SIGNATURE: JAMES R. ADAMS SIGNATURE REQUIRED JAMES R. ADAMS 4-20-99 (352) 447-2731
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (11/98)