FILED **FILE NOW: FILING FEE IS \$61.25** NONPROFIT Jul 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State, Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name JOINT-HEIRS MINISTRIES, INC. Mailing Address Principal Place of Business 2100 DUNN AVENUE 2100 DUNN AVENUE 3. Date Incorporated or Qualified 1527 GANDY ST JACKSONVILLE FL 32218 03/04/1985 JACKSONVILLE FL 32218 4. FEI Number Applied For 59-2667945 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes Yes 23 28 Zip Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name THOMAS, DAVID Street Address (P.O. Box Number is Not Acceptable) 11530 LAGUNA COURT 83 JACKSONVILLE FL 32218 Zip Code Ad City 85 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 agont and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change ___ Addition 1.1 TITLE TITLE THOMAS, DAVID 1.2 NAME NAME 11530 LAGUNA COURT 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.4 City-St-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE RANSOM, CATHY 2.2 NAME NAME **81**7 N VALENCIA COURT 2.3 STREET ADDRESS STREET ADDRESS SANFORD FL 32771 2. 4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change ☐ Addition CLAYTON, MARION 3.2 NAME NAME **1034 LOBSTER LANE** STREET ADDRESS 3.3 STREET ADDRESS Jacksonville fl -3.4. CITY-ST-ZIP CITY-ST-ZIP TH DELETE Change ■ Addition TITLE 4.1 TITLE FAULKNER, ERIC NAME 4. 2 NAME **8245 CREEK HOLLOW CT** 4.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE 5.1 TITLE Change ☐ Addition TITLE THOMAS, DEBRA NAME 5.2 NAME 11530 LAGUNA COURT 5.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 5.4 CITY-ST-ZIP Johnson, Lichard 458 Shanna Isle ct TITLE ☐ DELETE 6.1 TITLE ☐ Change ■ Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS JACKSON YElle, FL 32225

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this tiling 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 suppliemental angula 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 of the acceptance provered the secure this report as required by Chapter 617, florida Statutes; and that my pame appears in

CITY-ST-ZIP

CIGNATURE.

officer or director of the corporation Block 12 or Block 13 if changed, or