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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N11514** (9)

1. Corporation Name

JUBILEE CHRISTIAN CENTER, INC.



Principal Place of Business 420 NORWOOD AVE P. O. BOX 373164 SATELLITE BEACH FL 32937 US		Mailing Address P. O. BOX 373164 P. O. BOX 373164 SATELLITE BEACH FL 32937 US		3. Date Incorporated or Qualified 10/07/1985	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2578349	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip		28. Zip		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country		29. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLACK, GERALD M. 420 NORWOOD AVE. SATELLITE BCH. FL 32937		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
85. State		86. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	D
NAME	BLACK, GERALD M.	1.2 NAME	Hoy, Dr. Jeffrey D.
STREET ADDRESS	420 NORWOOD AVENUE	1.3 STREET ADDRESS	P. O. Box 410646 n/a
CITY-ST-ZIP	SATELLITE BEACH FL	1.4 CITY-ST-ZIP	Melbourne, DL 32941-0646
TITLE	STD	2.1 TITLE	
NAME	BLACK, PATRICIA L.	2.2 NAME	
STREET ADDRESS	420 NORWOOD AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	MCLARTY, JAN	3.2 NAME	
STREET ADDRESS	1435 HAGEN LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Patricia L. Black Patricia L. Black Date 1-27-98 (407) 773-7254

CP2E037 (10/97)