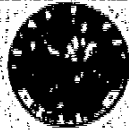


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 1: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N13707** (7)

1. Corporation Name
...IN THE NAME OF JESUS MINISTRIES, INC.

Principal Place of Business Mailing Address
C/O STEPHANIE L. DACOSTA. ATTY.
1980 N. ATLANTIC AVE., SUITE 602
COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/06/1986** 3a. Date of Last Report **01/27/1994**
4. FEI Number **59-2859186** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**DACOSTA, STEPHANIE L.
1980 NORTH ATLANTIC AVENUE
SUITE 602
COCOA BEACH FL 32931**

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	O'BRIEN, HOLLIE L.
STREET ADDRESS	1525 MINUTEMAN CSWY, #105
CITY - ST - ZIP	COCOA BEACH FL
TITLE	PD
NAME	WITTBOLD, JANE C.
STREET ADDRESS	727 NASSAU RD.
CITY - ST - ZIP	COCOA BEACH FL
TITLE	D
NAME	BRAGG, VIVIAN
STREET ADDRESS	657 ROCKLEDGE DRIVE
CITY - ST - ZIP	ROCKLEDGE FL
TITLE	D
NAME	SMITH, JIMMIE
STREET ADDRESS	104 RIDGECREST RD
CITY - ST - ZIP	LAGRANGE GA

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D CAROLYN W. QUINN
5.3 STREET ADDRESS	8755 HONEYSUCKLE WAY
5.4 CITY - ST - ZIP	CAPE CANAVERAL, FLA 32920
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: Jane C. Wittbold **3-16-95** **709)**
DATE: _____ DAYTIME PHONE: **784-3121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JANE C. WITTBOLD**