

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N13707 (7)

1. Corporation Name

...IN THE NAME OF JESUS MINISTRIES, INC.



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

3. Date Incorporated or Qualified: 03/06/1986
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2859186	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	Country	Country
24	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DACOSTA, STEPHANNIE L.
1980 NORTH ATLANTIC AVENUE
SUITE 602
COCOA BEACH FL 32931

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0602 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	D <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, HOLLIE L.	1 2 NAME	
STREET ADDRESS	1525 MINUTEMAN CSWY, #105	1 3 STREET ADDRESS	
CITY - ST - ZIP	COCOA BEACH FL	1 4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTBOLD, JANE C.	2 2 NAME	
STREET ADDRESS	727 NASSAU RD.	2 3 STREET ADDRESS	SBO CATALINA RD.
CITY - ST - ZIP	COCOA BEACH FL	2 4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAGG, VIVIAN	3 2 NAME	
STREET ADDRESS	657 ROCKLEDGE DRIVE	3 3 STREET ADDRESS	
CITY - ST - ZIP	ROCKLEDGE FL	3 4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JIMMIE	4 2 NAME	
STREET ADDRESS	104 RIDGECREST RD	4 3 STREET ADDRESS	
CITY - ST - ZIP	LAGRANGE GA	4 4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, CAROLYN W	5 2 NAME	
STREET ADDRESS	8755 HONEYSUCKLE WAY	5 3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CANAVERAL FL	5 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane Wittbold

3-4-96 (407) 784-3121

Date Daytime Phone #

CR2E037 (12/95)