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FILED

Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

C/O STEPHANNIE L. DACOSTA. ATTY.
1980 N. ATLANTIC AVE., SUITE 602
COCOA BEACH FL 32931C/O STEPHANNIE L. DACOSTA. ATTY.
1980 N. ATLANTIC AVE., SUITE 602
COCOA BEACH FL 32931-32903. Date Incorporated or Qualified
03/06/19863a. Date of Last Report
03/08/1996

4. FEI Number

59-2859186

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

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 ☐ DELETE
NAME **D O'BRIEN, HOLLIE L.**
STREET ADDRESS **1525 MINUTEMAN CSWY, #105**
CITY - ST - ZIP **COCOA BEACH FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME **PD WITTBOLD, JANE C.**
STREET ADDRESS **500 CATALINA RD**
CITY - ST - ZIP **COCOA BEACH FL**2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS **#306**
2.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME **D BRAGG, VIVIAN**
STREET ADDRESS **657 ROCKLEDGE DRIVE**
CITY - ST - ZIP **ROCKLEDGE FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME **D SMITH, JIMMIE**
STREET ADDRESS **104 RIDGECREST RD**
CITY - ST - ZIP **LAGRANGE GA**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME **D QUINN, CAROLYN W**
STREET ADDRESS **8755 HONEYSUCKLE WAY**
CITY - ST - ZIP **CAPE CANAVERAL FL**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ 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 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: *Jane C. Wittbold* **JANE C. WITTBOLD** **1-18-97 (407) 783 7573**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0019266

CR2E037 (9/96)