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Apr 17 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 # N13707 (7)
 1. Corporation Name
...IN THE NAME OF JESUS MINISTRIES, INC.



Principal Place of Business C/O STEPHANNE L. DACOSTA, ATTY. 1980 N. ATLANTIC AVE., SUITE 602 COCOA BEACH FL 32931	Mailing Address C/O STEPHANNE L. DACOSTA, ATTY. 1980 N. ATLANTIC AVE., SUITE 602 COCOA BEACH FL 32931
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3. Date Incorporated or Qualified 03/06/1986	
4. FEI Number 59-2859186	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**DACOSTA, STEPHANNE 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 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

TITLE	D <input type="checkbox"/> DELETE
NAME	O'BRIEN, HOLIE L.
STREET ADDRESS	1525 MINUTEMAN CSWY, #105
CITY-ST-ZIP	COCOA BEACH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	WITTBOLD, JANE C.
STREET ADDRESS	500 CATALINA RD #308
CITY-ST-ZIP	COCOA BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BRAGG, VIVIAN
STREET ADDRESS	657 ROCKLEDGE DRIVE
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SMITH, JIMMIE
STREET ADDRESS	104 RIDGECREST RD
CITY-ST-ZIP	LAGRANGE GA
TITLE	D <input type="checkbox"/> DELETE
NAME	QUINN, CAROLYN W
STREET ADDRESS	8755 HONEYSUCKLE WAY
CITY-ST-ZIP	CAPE CANAVERAL FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	782 CLAYTON GOOCH
5.4 CITY-ST-ZIP	DAHLONEGA, GA 30533
6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.2 NAME	MD
6.3 STREET ADDRESS	IVANCHACK, MARC
6.4 CITY-ST-ZIP	BOX 320735 "NA" COCOA BEACH FL 32931

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: *Jane Wittbold* **PD** **4-4-98 (407) 783-7573**

CR2E037 (10/97)