

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90046 028 \*\*\*\*61.25

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**DOCUMENT # N13707**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

**03/06/1986**

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

9. Name and Address of Current Registered Agent

DACOSTA, STEPHANNIE 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D O'BRIEN, HOLLIE L.**  
STREET ADDRESS **1525 MINUTEMAN CSWY, #105**  
CITY-ST-ZIP **COCOA BEACH FL**

TITLE ☐ DELETE  
NAME **PD WITTBOLD, JANE C.**  
STREET ADDRESS **500 CATALINA RD #306**  
CITY-ST-ZIP **COCOA BEACH FL**

TITLE ☐ DELETE  
NAME **D BRAGG, VIVIAN**  
STREET ADDRESS **657 ROCKLEDGE DRIVE**  
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE ☐ DELETE  
NAME **D SMITH, JIMMIE**  
STREET ADDRESS **104 RIDGECREST RD**  
CITY-ST-ZIP **LAGRANGE GA**

TITLE ☐ DELETE  
NAME **D QUINN, CAROLYN W**  
STREET ADDRESS **782 CLAYTON GOOCH**  
CITY-ST-ZIP **DAHLONEGA GA 30533**

TITLE ☐ DELETE  
NAME **MD IVANCHACK, MARC**  
STREET ADDRESS **BOX 320735**  
CITY-ST-ZIP **COCOA BCH FL 32931**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**MD IVANCHACK, MARC**  
**Box 320735**  
**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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/1/99* 907-784-0017  
Date Daytime Phone #

CR2E037 (11/98)