

FILE NOW: FILING FEE IS \$61.25

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

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

0019859

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/06/1986
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-2859186
24	29	30
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 617.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD WITTBOLD, JANE C.	2.2 NAME	
STREET ADDRESS	500 CATALINA RD #306	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D QUINN, CAROLYN W	5.2 NAME	
STREET ADDRESS	782 CLAYTON GOOCH	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAHLONEGA GA 30533	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MD IVANCHAK, MARC	6.2 NAME	
STREET ADDRESS	BOX 320735	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH FL 32931	6.4 CITY-ST-ZIP	

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]* **MANAGER DIRECTOR** *[Signature]* **IVANCHAK, MARC**
 DATE: 2/1/99 DAYTIME PHONE: 907-784-0017

CR2E037 (11/98)