FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N15350

(4)

FILED											
May 14 1998 8:00am	1										
Secretary of State											

JTS MINISTRIES, INC.									((\$6 (4) 6), 48) (188) 6 1(68) (148)	1114 BA 14 J184 1 :	518 11 6 1811					
Pr	incipal Place	e of Busines	s		Ma	iling Address						s radjinot obt iteat alfat idilit A	TERE OU RS OF DESIRE	ANDER DEFE	BIBNI VI	·B)(81811 1881
366 STEEPLE CHASE LANE P.O. BOX 6189 P.O. BOX 6189 PALM HARBOR FL 34684-0769							۵			3.	Date Incorporated or Qualifie	d				
PA	LM HARBOR		789		PALM HARBOR FL 34884-0789 US							06/12/1986			.	
US	3										4.	FEI Number		_		plied For
2. Principal Place of Business					2s. Mailing Address							<u>59-2729657</u>		<u> </u>		ot Applicable Additional
21	21				26						5.	Certificate of Status Desired				equired
22	Sulte, Apt. #, etc.			-	Suite, Apt. #, etc.						6.	Election Campaign Financing	'			May Be
XX	City & State	e			City & State						-	Trust Fund Contribution Is this nonprofit corporation a				Fees
23				2	28						"	is this nonprofit corporation a		No	ZIMILO	1;
	Złp Country				Zip Country						8. This corporation owes or has paid the current year intangible					
24		6 Name	25 and Address o		29	ared Agent	30)			<u> </u>	Personal Property Tax due Ju		Yes		No
 		y, Name	and Address o	i Current Re	gisk	erea Agent		81	1	Name	10.	Name and Address of New	Registered	Agent		
	THOMPS	SON, JOH	NΩ					L	1							
		EPLE CH						82	4	Street Addre	88 (P	P.O. Box Number is Not Accep	table)			
	PALM H	ARBOR FL	34684-0789					83	3			<u></u>				
								84	╬	City		, <u> </u>	FI	85	Zip (Code
11	Pursuant I	to the provis	ions of Sections	617.0502 an	id 61	7.1508, Florida	Statutes,	the abov	L ve-	-named corpo	ratio	n submits this statement for th			ing it	s registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized be agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute.									oy (98.	the corporatio	n's t	poard of directors. I hereby ac	cept the ap	pointme	nt as	registered
SIGNATURE Signature, typed or printed name of registered agent and tille If applicable. (NOTE: Registered Agent) OFFICERS AND DIRECTORS												- alegatical	DATE			
12	<u> </u>	Signature, types	OFFIC	ERS AND DI	RECT	TORS	(NOTE. N	13.	Jeni	r aignature required		ADDITIONS/CHANGES TO OF		ID DIRE	CTOR	S IN 12
tπ	LE	VPD				DELE	TE	1.1 TITLE						☐ Ch		Addition
NAI	ME		, JIMMY D					1.2 NAME								
STREET ADDRESS P.O. BOX 29 N/A				1.3 \$			1.3 STREE	1.3 STREET ADDRESS								
	Y-ST-ZIP		<u> /ILLE OH 4370</u>)2		1 1 05/5	16	1.4 City-		- ZIP						4.400
	THE PD							2.1 TITLE	_				∐ Ch	ange		
NAME THOMPSON, JOHN R STREET ADDRESS 366 STEEPLE CHASE LANE							2.2 NAME 2.3 STREET ADDRESS									
CITY-ST-ZIP PALM HARBOR FL 34684							2. 4 CITY-ST-ZIP									
TITE		STD				☐ DELE	TE	3.1 TITLE	<u> </u>					☐ Ch	ange	Addition
NAI	ME		SON, SUSAN		3.2 N				2 NAME							
STR	REET ADDRESS		EPLE CHASE					3.3 STREE	T A	DORESS						
_	Y-ST-ZIP		iarbor fl 34	684		T pere	76	3.4. CITY-	ST.	- ZIP		·				
TITI		D	OLEMNIE.			☐ DELE	IE	4.1 TITLE						☐ Ch	ange	Addition
NAJ	ME REET ADDRESS		S, GLENN E DLLING WOOD	. ΛΛιΙDT				4. 2 NAME		DODECO						
	Y-ST-ZIP		N SPRINGS FL					4.3 STREE 4.4 CITY-								
TITL		D	1 OF THITGO I E	. 04008		DELE"	TE	5.1 TITLE	31-	· 21F				Ch	ange	Addition
NAI	VE	CRAWF	ORD, TONY					5.2 NAME							•	_
STR	NEET ADDRESS		AVEN TRAIL					5.3 STREE	T AI	DDRESS						
CIT	Y-\$1-ZIP	MARIET	TA GA 30066					5.4 CITY-	ST-	- ZIP						
m	JE]	D				☐ DELE	TE .	6.1 TITLE						Ch	ange	Addition
NA			ORD, JULIE					6.2 NAME								
	EET ADDRESS		VEN TRAIL					6.3 STREE								
	Y-ST-ZIP	orthy that th	TA GA 30066	nnlied with th	nie filli	na doge not eu	alifu for H	6.4 CITY-	ti.	on stated in S	octic	n 110 07/9Vi) Elocido Statutos	I further -	ortife the	at the	information
4 -9 .	14. Thereby 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 or an attachment with an address.															