


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N20700 1. Corporation Name Jesus Christ Outreach Ministries			
Principal Place of Business 2225 Quatman Ave #2 Norwood, Ohio 45212		Mailing Address 2225 Quatman Ave #2 Norwood, Ohio 45212	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	MAY 18, 1987	3/19/96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	31-1223889	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	X	
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	NO \$5.00 May Be Added to Fees
24	29	Country	Country
	30		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
James M. Tutthill 1555 Palm Beach Lakes Blvd Suite 1010 West Palm Beach, Florida		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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	President - D
STREET ADDRESS		1.3 STREET ADDRESS	Kenneth Wippel
CITY - ST - ZIP		1.4 CITY - ST - ZIP	2225 Quatman Ave #2 Norwood - Ohio 45212
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Treasurer - D
NAME		2.2 NAME	Susan Wippel
STREET ADDRESS		2.3 STREET ADDRESS	2225 Quatman Ave #2
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Norwood, Ohio 45212
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D
NAME		3.2 NAME	Nellie Carter
STREET ADDRESS		3.3 STREET ADDRESS	420 NW 3rd Street
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Boynton Beach, Florida 33435
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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		400002128624 -03/31/97--01098--007 ***70.00	
SIGNATURE: Kenneth G. Wippel		3/22/97 Date 1-513-531-8140 Daytime Phone #	

CR2E037 (9/96)