FILE NOW: FILING FEE IS \$61.25					FILED	
	NONPROFIT				Jan 29 1998	8.00am
-	ORPORATION Sandra B. Mort NUAL REPORT Secretary of Sta					
1998		¥.7	DIVISION OF CORPORATIONS		Secretary of	fState
DOCUN 1. Corporation						
JESUS	CHRIST OUTREACH MINIST	RIES, INCORPORATED				
Principal Place of Business Mailing Address						
2225 QUATMAN AVENUE 2225 QUATMAN AVENUE				-	3. Date Incorporated or Qualified	
#2 NORWOOD OH 45212 #2 NORWOOD OH 45212					05/18/1987	÷
US US					4. FEI Number	Applied For
2. Principal Place of Business 28. Mailing Address					31-1223889	Not Applicable
21 26					5. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc.         Suite, Apt. #, etc.           22         27			Trust Fund Contribution Added to Fees			
City & State	3	City & State			<ol> <li>Is this nonprofit corporation a homeow</li> <li>Yes</li> </ol>	ners association?
Zip	Country	Zip	Country		8. This corporation owes or has paid the	current year Intangible
24	25 9. Name and Address of Current	29 30 Registered Agent	· · · · · · · · · · · · · · · · · · ·	1	Personal Property Tax due June 30. 0. Name and Address of New Register	Yes No
			81 Nam			
TUTHILL, JAMES M. 82 Street Addre				t Address	(P.O. Box Number is Not Acceptable)	<u> </u>
1555 PALM BEACH LAKES BLVD						.2.
WEST DALM REACH EI						
			84 City		F	
<ol> <li>Pursuant t office or re agent. I al</li> <li>SIGNATURE _</li> </ol>	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 617.1508, Florida Statutes, ti f Florida. Such change was autho ons of, Section 617.0503, Florida	he above-name orized by the co a Statutes.	d corpora rporation	tion submits this statement for the purpos 's board of directors. I hereby accept the a	e of changing its registered appointment as registered
12.	Signature, typed or printed name of registered agent OFFICERS AND		gistered Agent signat	re required w	ADDITIONS/CHANGES TO OFFICERS A	
12. TITLE	STD		1,1 TITLE		ADDITIONS/GRANGES TO OFFICERS A	ND DIRECTORS IN 12
NAME	WIPPEL, SUSAN A.		1.2 NAME			37 (
STREET ADDRESS	2225 QUATMAN AVE, #2		1.3 STREET ADDRESS			
CITY-ST-ZIP	NORWOOD OH 45212		2,1 TITLE		······	Addition
NAME	WHIPPEL, KENNETH A.		2.2 NAME	Wh	PPEL, Kenneth;	ASpelling
STREET ADDRESS	2225 QUATMAN AVE, #2		2.3 STREET ADDRES			Speanly
CITY-ST-ZIP TITLE	NORWOOD OH 45212		2. 4 CITY - ST-ZIP 3.1 TITLE	+		Change Addition
NAME	CARTER, NELLIE		3.2 NAME			
STREET ADDRESS	420 NW 3RD STREET		3.3 STREET ADDRES	\$		ļ
CITY - ST - ZIP	BOYNTON BEACH FL 33435		3.4. CITY - ST-ZIP			
TITLE NAME		DELETE	4.1 TITLE 4. 2 NAME	1		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS	; [		
CITY-ST-ZIP	··· <u>··································</u>		4.4 CITY-ST-ZIP	<u> </u>		
TITLE NAME			5.1 TITLE 5.2 NAME	1		Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRES			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	ļ		
TITLE			6.1 TITLE			Change 🗋 Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. Thereby c	ertify that the information supplied with on this annual report or supplemental	this filing does not qualify for the	e exemption sta	ited in Sec ignature s	ction 119.07(3)(i), Florida Statutes. I furthe shall have the same legal effect as if made	r certify that the information under oath; that I am an
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.						
SIGNAT		TUMPARLAS	PENNAN	1-11	CASUNON 1/21/98	351-8140
SIGNATURE:						