

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

FILED

98 OCT 21 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # N21021 (3)

1. Corporation Name

JUST FOR THE LOVE OF JESUS MINISTRIES, INC.

Principal Place of Business

Mailing Address

% RICHARD C. OSTRANDER  
907 NORTH KINGS ROAD  
CALLAHAN FL 32011

% RICHARD C. OSTRANDER  
P.O. BOX 1597  
CALLAHAN FL 32011

3. Date Incorporated or Qualified

06/08/1987

4. FEI Number

59-2813283

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSTRANDER, RICHARD C  
907 NORTH KINGS ROAD  
CALLAHAN FL 32011

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 PD  
NAME OSTRANDER, RICHARD C  
STREET ADDRESS 907 NORTH KINGS ROAD  
CITY-ST-ZIP CALAHAN FL

☐ DELETE

TITLE VDT  
NAME OSTRANDER, ELIZABETH  
STREET ADDRESS 907 NORTH KINGS ROAD  
CITY-ST-ZIP CALLAHAN FL

☐ DELETE

TITLE VD  
NAME PRICE, AL  
STREET ADDRESS 1953 LOGGING LANE  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE D  
NAME HIGGINBOTHAM, IRVIN S  
STREET ADDRESS 3515 TROUT RIVER BLVD  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE D  
NAME WEBB, CARL  
STREET ADDRESS 8329 HOLLY HILL COVE  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition  
500002675265--4  
-10/29/98--01005--018  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

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.

SIGNATURE:

SIGNATURE REQUIRED

10-30-98

CR2E037 (10/97)