

FILE NOW: FILING FEE IS \$61.25

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May 01 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra P. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *N28678*  
1. Corporation Name  
**ASSEMBLY OF JESUS CHRIST INC.**

Principal Place of Business Mailing Address  
**1212 NORTH 25TH STREET FORT PIERCE, FL 34950**      **307 SOUTH 14TH STREET FORT PIERCE, FL 34950**

|   |             |                         |             |  |  |
|---|-------------|-------------------------|-------------|--|--|
| 2. Principal Place of Business  |             | 2a. Mailing Address     |             | 3. Date Incorporated or Qualified                      | 3a. Date of Last Report  |
| 21  |             | 26                      |             | 08/26/1988   | 1996   |
| 22. Suite, Apt. #, etc.   |             | 27. Suite, Apt. #, etc. |             | 4. FEI Number  | Applied For  |
| 23. City & State  |             | 28. City & State        |             | 65-0047539   | Not Applicable   |
| 24. Zip   | 25. Country | 29. Zip                 | 30. Country | 5. Certificate of Status Desired                       | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|   |             |                         |             | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees               |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |             |                         |             |  |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

|   |                              |
|---|------------------------------|
| B1 Name   | <b>VERNETTA SANDERS</b>      |
| B2 Street Address (P.O. Box Number is Not Acceptable) | <b>307 S. 14TH STREET</b>    |
| B3  | <b>FORT PIERCE, FL 34950</b> |
| B4 City   | <b>FL</b>                    |
| B5 Zip Code   | <b>34950</b>                 |

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 *Vernetta Sanders* DATE *4-28-97*  
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                       |  | 1.2 NAME  |  |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 2.2 NAME  | <b>V/D</b>   |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    | <b>VERNETTA SANDERS</b>  |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       | <b>307 S. 14TH STREET FORT PIERCE, FL 34950</b>                              |
| TITLE                      | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  | <b>S/D</b>   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    | <b>200002167432</b>  |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       | <b>-05/06/97--01066--019 ***61.25</b>  |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  | <b>D</b>   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    | <b>LUE BERTHA DIXON</b>  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       | <b>3103 AVENUE L FORT PIERCE, FL 34950</b>                                   |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  | <b>000002167440</b>  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    | <b>-05/06/97--01066--020</b>   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       | <b>***8.75</b>   |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  | <b>T</b>   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    | <b>PEGGY JACOBS</b>  |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       | <b>1216 S. 12TH STREET FORT PIERCE, FL 34950</b>                             |

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.

SIGNATURE: *Lorenzia Sanders* DATE: *4/28/97* DAYTIME PHONE #: *561-466-4953*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)