

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28078 (6)
1. Corporation Name
ASSEMBLY OF JESUS CHRIST INC.

Principal Place of Business 1212 N. 25TH ST. FORT PIERCE FL 34950	Mailing Address 307 S. 14TH ST. FT. PIERCE FL 34950
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21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Country	28 Country
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 08/26/1988	
4. FEI Number 65-0047539	Applied For <input type="checkbox"/> Not Applicable
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SANDERS, VERNETTA
307 S. 14TH STREET
FORT PIERCE FL 34950**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SANDERS, VERNETTA	
STREET ADDRESS	307 S. 14TH STREET	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIXON, LUE B	
STREET ADDRESS	3103 AVENUE L	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JACOBS, PEGGY	
STREET ADDRESS	1214 S. 12TH STREET	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SANDERS, LORENZIA	
1.3 STREET ADDRESS	307 SOUTH 14TH STREET	
1.4 CITY-ST-ZIP	Fort Pierce, FL 34950	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HART, MARY	
2.3 STREET ADDRESS	1703 NORTH 43RD STREET	
2.4 CITY-ST-ZIP	FORT PIERCE, FL 34947	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HOYLMAN, HAZEL	
3.3 STREET ADDRESS	1713 ANECI STREET	
3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800002405808	
5.3 STREET ADDRESS	-01/21/98--01008--026	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002405808	
6.3 STREET ADDRESS	-01/21/98--01008--025	
6.4 CITY-ST-ZIP	***8.75	

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 recolver 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 _____

CR2E037 (10/97)

111 106 561-411-41953