

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90152 075 ****61.25
 04-14-1999 90152 076 *****8.75

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*NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28078

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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/26/1988
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0047539
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MITCHELL MILLER
2.3 STREET ADDRESS	3105 AVE L
2.4 CITY-ST-ZIP	FORT PIERCE, FL 34947
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LORENZIA SANDERS
4.3 STREET ADDRESS	307 S. 14TH STREET
4.4 CITY-ST-ZIP	FT. PIERCE FL 34950
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STEPHENSON HODGE
5.3 STREET ADDRESS	1411 N. 25TH STREET
5.4 CITY-ST-ZIP	FORT PIERCE FL 34950
6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARY HART
6.3 STREET ADDRESS	1703 N. 43RD STREET
6.4 CITY-ST-ZIP	FORT PIERCE FL 34947

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(f), 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 3/22/99 561 466 4953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)