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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N32420

1. Corporation Name
J & L TEACHING MINISTRY, INC.

Principal Place of Business
C/O TIMOTHY J. MANOR
215 NORTH EOLA DRIVE
ORLANDO FL 32801

Mailing Address
C/O TIMOTHY J. MANOR
215 NORTH EOLA DRIVE
ORLANDO FL 32801



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2978998	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MANOR, TIMOTHY J. 215 NORTH EOLA DRIVE ORLANDO FL 32801				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
					FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD VOGT, STEVE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1711 BARCELONA WAY	1.2 NAME	
STREET ADDRESS	WINTER PARK FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD CHAMBERLAIN, PETER	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2845 MARQUESAS COURT	2.2 NAME	
STREET ADDRESS	WINDERMERE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ST JAMES, IRMA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5329 ROCK BOURNE CT	3.2 NAME	
STREET ADDRESS	ORLANDO FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D CUMBEE, JIM	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4232 WILLOW PARK DR	4.2 NAME	
STREET ADDRESS	ORLANDO FL	4.3 STREET ADDRESS	5105 BEAUREGARD LANE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BRENTWOOD, TN. 37027
TITLE	D GEBBEN, LAUREL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2122 LILYPAD LANE	5.2 NAME	
STREET ADDRESS	WINDERMERE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Irma James* (IRMA JAMES) 1-29-99 (658-0650)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)