SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # N38471 **(1)**

1. Corporation Name

JUBILEE FELLOWSHIP, INC.

FILED
95 JUL -7 AM 8:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P O BOX 9221 PEMBROKE PINES FL 33084	P O BOX 9221 PEMBROKE PINES FL 33084

3. Date Incorporated or Qualified: 06/04/1990
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0197008 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

REV. RONNIE LEE WALLACE
110 N.W. 207 WAY
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

01 Name: Rev. Dale Moore
02 Street Address (P.O. Box Number is Not Acceptable): 13413 NW 84th Court
03:
04 City: Sunrise FL 05 Zip Code: 33325

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: Dale Alan Moore — 6/29/95
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	PTD	1.1 TITLE	PTD	☑ Change ☑ Addition
NAME	WALLACE, RONNIE LEE REV	1.2 NAME	Thompson, Richard	
STREET ADDRESS	110 NW 207TH WAY	1.3 STREET ADDRESS	2631 Tarpon Dr.	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	Miramar, FL 33025	
TITLE	TTD	2.1 TITLE	PTD	☑ Change ☐ Addition
NAME	MOORE, DALE ALAN REV	2.2 NAME	Moore, Dale Alan	
STREET ADDRESS	2400 SW 86TH AVE	2.3 STREET ADDRESS	13413 NW 84th Court	
CITY-ST-ZIP	MIRAMAR FL	2.4 CITY-ST-ZIP	Sunrise, FL 33325	
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	KRUEGER, DONALD STUART	3.2 NAME		
STREET ADDRESS	121 SW 70TH AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Dale Alan Moore — 6/29/95 — 305-346-1008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007225