


AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38471 (1)

1. Corporation Name

JUBILEE FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

P O BOX 9221  
PEMBROKE PINES FL 33084

P O BOX 9221  
PEMBROKE PINES FL 33084

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/04/1990

4. FEI Number

65-0197008

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☐ No

MOORE, REV. D  
13418 NW 8TH COURT  
SUNRISE FL 33325

81 Name

Thompson Rev R

82 Street Address (P.O. Box Number is Not Acceptable)

2631 TUPPON DR

83

MIRAMAR

84 City

MIRAMAR

FL

85 Zip Code

33023

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 *Richard J. Thompson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/21/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	TTD	<input type="checkbox"/> DELETE
NAME	THOMPSON, RICHARD	
STREET ADDRESS	2631 TUPPON DR.	
CITY-ST-ZIP	MIRAMAR FL	

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, DALE A	
STREET ADDRESS	13418 NW 8TH COURT	
CITY-ST-ZIP	SUNRISE FL	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	OOSTERLING, JAN	
STREET ADDRESS	20881 NE 2ND AVE.	
CITY-ST-ZIP	MIAMI FL 33179	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	900002678719-3
1.3 STREET ADDRESS	-11/03/98--01024--022
1.4 CITY-ST-ZIP	*****61.25 *****61.25

2.1 TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WILLIAM ORTIZ	
2.3 STREET ADDRESS	324 SW 183 WAY	
2.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029	

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		<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		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Richard J. Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/98

Date

(954) 772-0700

Daytime Phone #

FILED

98 OCT 27 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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