


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N39887 (7)					
1. Corporation Name PROPHET JONES UNIVERSAL TRIUMPH, THE DOMINION OF GOD, INC.					
Principal Place of Business % CHARLIE MAE JONES 416 S. BEACH ROAD HOBE SOUND FL 33455			Mailing Address % CHARLIE MAE JONES 416 S. BEACH ROAD HOBE SOUND FL 33455		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/10/1990	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0257068	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" 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		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent JONES, CHARLIE MAE 416 S. BEACH ROAD HOBE SOUND FL 33455			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 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	D <input type="checkbox"/> DELETE				
NAME	SHAFFER, JAMES				
STREET ADDRESS	8311 LASALLE BLVD.				
CITY-ST-ZIP	DETROIT MI 48206				
TITLE	D <input type="checkbox"/> DELETE				
NAME	NOLEN, FULTON				
STREET ADDRESS	7953 LEFLIN STREET				
CITY-ST-ZIP	CHICAGO IL 60620				
TITLE	D <input type="checkbox"/> DELETE				
NAME	JONES, CHARLIE MAE				
STREET ADDRESS	416 S. BEACH ROAD				
CITY-ST-ZIP	HOBE SOUND FL 33455				
TITLE	D <input type="checkbox"/> DELETE				
NAME	STORRES, CLARENCE				
STREET ADDRESS	2461 STURTEVANT STREET				
CITY-ST-ZIP	DETROIT MI 48206				
TITLE	C <input type="checkbox"/> DELETE				
NAME	RAMSEY, GREGORY				
STREET ADDRESS	8311 LASALLE BLVD.				
CITY-ST-ZIP	DETROIT MI 48206				
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
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: *Charlie Mae Jones* 01/22/98 (561) 546-3577

CR2E037 (10/97)