

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 30 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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3. Date Incorporated or Qualified  
**09/10/1990**

4. FEI Number  
**65-0257068**

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. 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

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	85 FL	86 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFER, JAMES	1.2 NAME	
STREET ADDRESS	8311 LASALLE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI 48206	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLEN, FULTON	2.2 NAME	
STREET ADDRESS	7953 LEFLIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60620	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, CHARLIE MAE	3.2 NAME	
STREET ADDRESS	416 S. BEACH ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORRES, CLARENCE	4.2 NAME	
STREET ADDRESS	2461 STURTEVANT STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI 48206	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, GREGORY	5.2 NAME	
STREET ADDRESS	8311 LASALLE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI 48206	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.

SIGNATURE: *Charlie Mae Jones* 01/22/98 (561) 546-3577

CR2E037 (10/97)