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Jan 21, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N39887

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

21

Suite, Apt. #, etc.

23. City & State

24. Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/10/1990

4. FEI Number

65-0257068

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

CHARLIE MAE JONES

01/08/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME SHAFFER, JAMES
STREET ADDRESS 8311 LASALLE BLVD.
CITY-ST-ZIP DETROIT MI 48206

DELETE

TITLE D
NAME NOLAN, FULTON
STREET ADDRESS 7953 LEFLIN STREET
CITY-ST-ZIP CHICAGO IL 60620

DELETE

TITLE D
NAME JONES, CHARLIE MAE
STREET ADDRESS 416 S. BEACH ROAD
CITY-ST-ZIP HOBE SOUND FL 33455

DELETE

TITLE D
NAME STORRES, CLARENCE
STREET ADDRESS 2461 STURTEVANT STREET
CITY-ST-ZIP DETROIT MI 48206

DELETE

TITLE C
NAME RAMSEY, GREGORY
STREET ADDRESS 8311 LASALLE BLVD.
CITY-ST-ZIP DETROIT MI 48206

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHARLIE MAE JONES 01/08/99 546-3577

CR2E037 (1/98)