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Jan 21, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

01-21-1999 90011 019 *****70.00

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

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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: CHARLIE MAE JONES

(NOTE: Registered Agent signature required when reinstating)

DATE: 01/08/99

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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)(l), 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: CHARLIE MAE JONES

Date

Daytime Phone #

01/08/99 561 546-3577

CR2E037 (1/98)