


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE • Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # ~~59-3027435~~
1. Corporation Name
J.O.E.L. Outreach Teaching Center

Principal Place of Business Mailing Address
5015 E. Hwy 316 5015 E. Hwy 316
Citra, FL Citra, FL
32113 32113

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-3027435	3/19/96
22 City & State	27 City & State	5. Certificate of Status Desired	Applied For
23 Zip	28 Zip	<input type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable
24 Country	29 Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
		Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Paul W. Casler	81 Name
5015 E. Hwy 316	82 Street Address (P.O. Box Number is Not Acceptable)
Citra, FL 32113	83
	84 City
	FL 85 Zip Code

11. Pursuant to the provisions of Section 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 Paul W. Casler pastor 5-20-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinsating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mickey D. Kearce	1.2 NAME	Mickey D. Kearce
STREET ADDRESS	5100 E. Hwy 316	1.3 STREET ADDRESS	5150 E. Hwy 316
CITY-ST-ZIP	Citra, FL 32113	1.4 CITY-ST-ZIP	Citra, FL 32113
TITLE	Treasurer <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shelby Casler	2.2 NAME	
STREET ADDRESS	5015 E. Hwy 316	2.3 STREET ADDRESS	
CITY-ST-ZIP	Citra, FL 32113	2.4 CITY-ST-ZIP	
TITLE	Pastor <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul W. Casler	3.2 NAME	
STREET ADDRESS	5015 E. Hwy 316	3.3 STREET ADDRESS	
CITY-ST-ZIP	Citra, FL 32113	3.4 CITY-ST-ZIP	
TITLE	Rachael Vardis <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rachael Vardis	4.2 NAME	
STREET ADDRESS	2181 Argona Creek S.E. Apt. 205	4.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Bay, FL 32909	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 do 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: Paul W. Casler 5-20-97 595-7213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)