

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49619
1. Corporation Name

(2)

JUBILEE MINISTRIES, INC.

Principal Place of Business

P.O. BOX 888
BRADENTON FL 34206-0888

Mailing Address

P.O. BOX 888
BRADENTON FL 34206-0888

FILED

96 AUG 29 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1992		3a. Date of Last Report 10/05/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FBI Number 65-0310615		Applied For Not Applicable	
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		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

DAVIS, CHARLES E.
218 ANNIE ST
ORLANDO FL 32806

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTER, PAUL	12 NAME	300001942453
STREET ADDRESS	9871 WATERBURY DRIVE	13 STREET ADDRESS	-09/09/96--01020--042
CITY-ST-ZIP	ST. LOUIS MO	14 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLIER, CHARLES J., III	22 NAME	
STREET ADDRESS	1115 MITCHELL TERRACE	23 STREET ADDRESS	
CITY-ST-ZIP	IVORYTON CT	24 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTER, PAULA	32 NAME	
STREET ADDRESS	9871 WATERBURY DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	34 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLIER, CHARLES IV	42 NAME	
STREET ADDRESS	13901 BLESSINGS RD	43 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	44 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHODER, WARREN	52 NAME	
STREET ADDRESS	1105 110TH ST E	53 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	54 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLIER, JOANNE	62 NAME	
STREET ADDRESS	13901 BLESSINGS RD	63 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/96

941-749-0673

Date

Daytime Phone #

CR2E037 (12/95)