


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N49619 (2) 1. Corporation Name 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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1992		3a. Date of Last Report 08/29/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0310615		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input 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		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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 32808				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RITTER, PAUL			1.2 NAME			
STREET ADDRESS	9871 WATERBURY DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. LOUIS MO			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HELLIER III, CHARLES J			2.2 NAME			
STREET ADDRESS	1115 MITCHELL TERRACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	IVORYTON CT			2.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RITTER, PAULA			3.2 NAME			
STREET ADDRESS	9871 WATERBURY DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. LOUIS MO			3.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HELLIER IV, CHARLES			4.2 NAME			
STREET ADDRESS	13901 BLESSINGS RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHODER, WARREN			5.2 NAME			
STREET ADDRESS	1105 110TH ST E			5.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL			5.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HELLIER, JOANNE			6.2 NAME			
STREET ADDRESS	13901 BLESSINGS RD			6.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL			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 _____ SIGNATURE REQUIRED _____ 9/8/97 941-751-0181

CR2E037 (4/97)