

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90009 037 ****61.25

DOCUMENT # N49619

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



2. Principal Place of Business

21 P.O. Box 20988
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 20988
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

65-0310615

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

City & State

23 Bradenton, FL

City & State

28 Bradenton, FL

Zip

Country

24 34204 25 Menatee

Zip

Country

29 34204 30 Menatee

9. Name and Address of Current Registered Agent

DAVIS, CHARLES E
218 ANNIE ST
ORLANDO FL 32806

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

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HELLIER IV, CHARLES
STREET ADDRESS 13901 BLESSINGS RD
CITY-ST-ZIP BRADENTON FL

TITLE DT ☐ DELETE

NAME SCHODER, WARREN
STREET ADDRESS 1105 110TH ST E
CITY-ST-ZIP BRADENTON FL

TITLE DV ☐ DELETE

NAME HELLIER, JOANNE
STREET ADDRESS 13901 BLESSINGS RD
CITY-ST-ZIP BRADENTON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Charles Hellier IV
1.3 STREET ADDRESS 6022 Glen Abbey La.
1.4 CITY-ST-ZIP Bradenton, FL 34202

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Joanne Hellier
3.3 STREET ADDRESS 6022 Glen Abbey La.
3.4 CITY-ST-ZIP Bradenton, FL 34202

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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)(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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/99

Date

Daytime Phone #

CR2E037 (5/99)