

**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 # N93000002587 (4)**

1. Corporation Name

**THE HOLY SPIRIT MINISTRIES OF JACKSONVILLE, FLORIDA, INC.**



Principal Place of Business

Mailing Address

1157 ROMAINE CIRCLE WEST  
JACKSONVILLE FL 32225

1157 ROMAINE CIRCLE WEST  
JACKSONVILLE FL 32225

3. Date Incorporated or Qualified

06/09/1993

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3190473

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOWARD, AILENE B  
1157 ROMAINE CIRCLE WEST  
JACKSONVILLE FL 32225

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 PD  DELETE  
NAME JONES, CHARLIE M  
STREET ADDRESS 1157 ROMAINE CIRCLE WEST  
CITY-ST-ZIP JACKSONVILLE FL 32225

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

TITLE VSD  DELETE  
NAME JONES, MILTON B  
STREET ADDRESS 1157 ROMAINE CIRCLE WEST  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE D  DELETE  
NAME HOWARD, AILENE B  
STREET ADDRESS 1157 ROMAINE CIRCLE WEST  
CITY-ST-ZIP JACKSONVILLE FL 32225

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

TITLE TD  DELETE  
NAME JENKINS, CLEMMIE  
STREET ADDRESS 2742 LIPPIA ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32209

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

TITLE TD  DELETE  
NAME BROOKS, BESSIE  
STREET ADDRESS 6147 PETTIFORD DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32209

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

TITLE SCD  DELETE  
NAME HOWARD, AILENE B.  
STREET ADDRESS 1157 WEST ROMAINE CIR  
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

*Charlie Mae Jones - President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-96

904-724-5832

Date

Daytime Phone #

CR2E037 (12/95)