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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Worthing Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002587 (4)**

1. Corporation Name
THE HOLY SPIRIT MINISTRIES OF JACKSONVILLE, FLORIDA, INC.

Principal Place of Business 1157 ROMAINE CIRCLE WEST JACKSONVILLE FL 32225	Mailing Address 1157 ROMAINE CIRCLE WEST JACKSONVILLE FL 32225
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3. Date Incorporated or Qualified 06/09/1993	
4. FEI Number 59-3190473	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent HOWARD, AILENE B 1157 ROMAINE CIRCLE WEST JACKSONVILLE FL 32225				10. Name and Address of New Registered Agent DR. LOUISE HENRY 1157 ROMAINE CIRCLE W. JACKSONVILLE FL 32228			
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: <i>Dr. Louise Henry</i> LOUISE HENRY DATE: 4/26/97			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME JONES, CHARLIE M	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1157 ROMAINE CIRCLE WEST	CITY-ST-ZIP JACKSONVILLE FL 32225	1.2 NAME	
TITLE VSD	NAME JONES, MILTON B	1.3 STREET ADDRESS	
STREET ADDRESS 1157 ROMAINE CIRCLE WEST	CITY-ST-ZIP JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE D	NAME HOWARD, AILENE B	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1157 ROMAINE CIRCLE WEST	CITY-ST-ZIP JACKSONVILLE FL 32225	2.2 NAME	
TITLE T	NAME LANE, MATHE L.	2.3 STREET ADDRESS	
STREET ADDRESS 6116 CYPRESS INN DIXIE	CITY-ST-ZIP JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE S CD	NAME HENRY, DR. LOUISE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 205 E 44TH ST	CITY-ST-ZIP JACKSONVILLE FL	3.2 NAME	
TITLE SCD	NAME HOWARD, AILENE B.	3.3 STREET ADDRESS	
STREET ADDRESS 1157 WEST ROMAINE CIR	CITY-ST-ZIP JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
TITLE	NAME	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.

SIGNATURE: *Charlie Moe Jones* **3-17-95** 984-724-5832
DATE: **3-17-95** DAYTIME PHONE: **984-724-5832**

CR2E037 (10/97)