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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N93000002587

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

06/09/1993

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

9. Name and Address of Current Registered Agent

DR LOUISE HENRY
1157 ROMAINE CIRCLE WEST
JACKSONVILLE FL 32228

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

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

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

TITLE T
NAME LANE, MATHE L.
STREET ADDRESS 6116 CYPRESS INN DIXIE
CITY-ST-ZIP JACKSONVILLE FL

TITLE S
NAME HENRY, DR. LOUISE
STREET ADDRESS 205 E 44TH ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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: CHARLIE M. JONES, PRES. 2/19/99 904-224-5832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1998)