


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90297 015 ****61.25

0026950

| | | | | | |
|---|--|---|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N93000003249 | | | | | |
| 1. Corporation Name JESUS IS THE WAY MINISTRIES INC. | | | | | |
| Principal Place of Business 2660 NW 5 ST POMPANO BEACH FL 33069 US | | | Mailing Address 2660 NW 5 ST POMPANO BEACH FL 33069 US | | |



| | | | | | |
|---|--|---|--|--|--|
| 2. Principal Place of Business 21 MARRIOTT | | 2a. Mailing Address 26 JESUS IS THE WAY MIN. INC. | | 3. Date Incorporated or Qualified 07/20/1993 | |
| Suite, Apt. #, etc. 22 6650 NORTH ANDREWS AVE | | Suite, Apt. #, etc. 27 P.O. BOX 938531 | | 4. FEI Number 65-0430727 | |
| City & State 23 FT. LAUDERDALE Florida | | City & State 28 MARGATE Florida | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 33309 | | Zip 29 33093 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country 25 US | | Country 30 US | | | |

| | | | | | |
|---|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent JOHNSON, LONNIE B JR. 2660 NW 5 ST POMPANO BEACH FL 33069 | | | | 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 | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | 1.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | JOHNSON, LONNIE B JR. | | | 1.2 NAME | MAMIE L. JOHNSON | | |
| STREET ADDRESS | 2660 NW 5TH ST. | | | 1.3 STREET ADDRESS | 651 NW 18 CT | | |
| CITY-ST-ZIP | POMPANO BCH. FL | | | 1.4 CITY-ST-ZIP | Pompano Bch. FL 33069 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JOHNSON, SUSIE A | | | 2.2 NAME | | | |
| STREET ADDRESS | 2660 NW 5TH ST. | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | POMPANO BCH. FL | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JOHNSON, SHUNDRA T | | | 3.2 NAME | | | |
| STREET ADDRESS | 651 NW 18TH CT. | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | POMPANO BCH. FL | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | T | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PORTER, KESHA L | | | 4.2 NAME | | | |
| STREET ADDRESS | 2643 NW 8TH ST. | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | POMPANO BCH. FL | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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 of Lonnie B. Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/99 954-290-5968
 Day Daytime Phone #

CR2E037 (1/98)