

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 # N93000004191 (3)

1. Corporation Name

JESUS HEADQUARTER TEACHING AND TRAINING MINISTRIES, INC.

Principal Place of Business

17409-11 S DIXIE HWY
BOX 161
MIAMI FL 33157
US

Mailing Address

P. O. BOX 971476
BOX 161
MIAMI FL 33197
US



3. Date Incorporated or Qualified
09/16/1993

3a. Date of Last Report
05/11/1995

2. Principal Place of Business
21 **17409 S DIXIE HWY**
Suite, Apt. #, etc.

2a. Mailing Address
25 **P.O. Box 971476**
Suite, Apt. #, etc.

4. FEI Number
65-0434637

Applied For
Not Applicable

22 City & State
23 **miami FL**

27 City & State
28 **MIAMI FL**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip
33157

25 Country
US

29 Zip
33197

30 Country
US

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

SCOTT, LARRY L
P. O. BOX 971476
~~BOX 161~~
MIAMI FL 33197

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCOTT, LARRY L
6619 S DIXIE HWY, BOX 161
MIAMI FL 33143 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCOTT, THEODORA P
6619 S DIXIE HWY, BOX 161
MIAMI FL 33143 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, LADENE
10930 SW 143RD TERR
MIAMI FL 33176 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAMPKINS, ROBERT
10235 SW 172 ST
MIAMI FL 33157 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RIGGINS, RUTH
549 S.W. 17 TERR
HOMESTEAD FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHELTON, CAROLYN
63523 NW 1ST AVE
MIAMI FL 33150 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **SCOTT, LARRY L**

1.3 STREET ADDRESS **17414 S.W. 108th**

1.4 CITY-ST-ZIP **miami FL 33157**

2.1 TITLE **Vice President** ☒ Change ☐ Addition

2.2 NAME **SCOTT, THEODORA P**

2.3 STREET ADDRESS **17414 S.W. 108th**

2.4 CITY-ST-ZIP **miami FL 33157**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Pastor Larry L. Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-96 **305-378-5660**
Date Daytime Phone #

CR2E037 (12/95)