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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004191 (3)**

1. Corporation Name

JESUS HEADQUARTER TEACHING AND TRAINING MINISTRIES, INC.



Principal Place of Business 17414 S.W. 108 CT. MIAMI FL 33157 US	Mailing Address P.O. BOX 971476 MIAMI FL 33197-1476 US
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3. Date Incorporated or Qualified

09/16/1993

4. FEI Number

65-0434637

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing



**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?



Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



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
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

Larry L Scott
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 11-98

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **SCOTT, LARRY L**
STREET ADDRESS **17414 SW 108 COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ DELETE

NAME **SCOTT, THEODORA P**
STREET ADDRESS **17414 SW 108TH COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **SMITH, LADENE**
STREET ADDRESS **10930 SW 143RD TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **LAMPKINS, ROBERT**
STREET ADDRESS **10235 SW 172 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **RIGGINS, RUTH**
STREET ADDRESS **549 S.W. 17 TERR**
CITY-ST-ZIP **HOMESTEAD FL**

TITLE **D** ☐ DELETE

NAME **SHELTON, CAROLYN**
STREET ADDRESS **63523 NW 1ST AVE**
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE

Larry L Scott

April 11, 1998

375-255-8886

CR2E037 (10/97)