

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90042 040 ****70.00

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DOCUMENT # N93000004191

1. Corporation Name

JESUS HEADQUARTER TEACHING AND TRAINING MINISTRIES, INC.

Principal Place of Business

Mailing Address

17414 S.W. 108 CT.
MIAMI FL 33157
US

P.O. BOX 971476
MIAMI FL 33197-1476
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/16/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0434637

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

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

Feb 18-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE **VP** ☐ DELETE

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

1.2 NAME ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

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

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

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

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

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

2.2 NAME ☐ Change ☐ Addition

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:

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

REQUIRED

Date

Daytime Phone #

Feb 18-99 *305-255-8086*

CR2E037 (11/98)