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 # N94000000851 (5)

1. Corporation Name

CHURCH OF THE LORD JESUS CHRIST INC.

Principal Place of Business	Mailing Address
12287 PONCE DE LEON BLVD BROOKSVILLE FL 34601	12287 PONCE DE LEON BLVD BROOKSVILLE FL 34601

3. Date Incorporated or Qualified: 02/17/1994
3a. Date of Last Report: 04/21/1995

2. Principal Place of Business	2a. Mailing Address
21 12267 Ponce deLeon Blvd	26 12267 Ponce deLeon Blvd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Brooksville, FL	28 City & State: Brooksville, FL
24 Zip: 34601 — 25 Country: Hernando	29 Zip: 34601 — 30 Country: Hernando

4. FEI Number: 59-2231349 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THOMPSON, JOHN D
12287 PONCE DE LEON BLVD
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

81 Name: JOHN D. THOMPSON
82 Street Address (P.O. Box Number is Not Acceptable): ~~12267 Ponce de Leon Blvd.~~
83
84 City: Brooksville, FL 85 Zip Code: 34601

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDTR	☒ DELETE	1.1 TITLE	PDTR address ☒ Change ☐ Addition
NAME	THOMPSON, JOHN D		1.2 NAME	THOMPSON, JOHN D
STREET ADDRESS	12287 PONCE DE LEON BLVD		1.3 STREET ADDRESS	12267 Ponce de Leon Blvd
CITY-ST-ZIP	BROOKSVILLE FL 34601		1.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE	TSD	☒ DELETE	2.1 TITLE	TSD address ☒ Change ☐ Addition
NAME	THOMPSON, JANET L		2.2 NAME	THOMPSON, JANET L.
STREET ADDRESS	12287 PONCE DE LEON BLVD		2.3 STREET ADDRESS	12267 Ponce de Leon Blvd.
CITY-ST-ZIP	BROOKSVILLE FL 34601		2.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE	D	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FLEETWOOD, JEFFREY S		3.2 NAME	
STREET ADDRESS	16071 LAUDERDALE ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34609		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HALL, TRACY D		4.2 NAME	
STREET ADDRESS	4750 RICEBIRD POINT		4.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL 34460		4.4 CITY-ST-ZIP	
TITLE	TR	☒ DELETE	5.1 TITLE	TRD ☐ Change ☒ Addition
NAME	RUNYON, MARY D		5.2 NAME	RUNYON, MARY D
STREET ADDRESS	12607 LITTLE PEETE CT		5.3 STREET ADDRESS	12607 Little Peete Ct
CITY-ST-ZIP	HUDSON FL 34669		5.4 CITY-ST-ZIP	Hudson, FL 34669
TITLE	TR	☒ DELETE	6.1 TITLE	TRD ☐ Change ☒ Addition
NAME	HALL, TERESA L		6.2 NAME	HALL, TERESA L
STREET ADDRESS	4750 RICEBIRD POINT		6.3 STREET ADDRESS	4750 Ricebird Point
CITY-ST-ZIP	LECANTO FL 34460		6.4 CITY-ST-ZIP	Lecanto, FL 34460

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: John D Thompson — 4-10-96 — (352) 796-1620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

J. D. Thompson, President / Chairman of Board of Directors

CR2E037 (12/95)