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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001536 (1)

1. Corporation Name

MUSIC MINISTERS OF JESUS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 2213  
ORANGE PARK FL 32067-2213

P.O. BOX 2213  
ORANGE PARK FL 32067-2213

3. Date Incorporated or Qualified  
03/28/1994

3a. Date of Last Report  
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRISMER, ROBERT J JR.  
937 RIDGEWAY CT.  
ORANGE PARK FL 32065-5800

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 PD  
NAME NEWTON, ALAN D  
STREET ADDRESS 2070 TANAGER DR.  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE STD  
NAME GRISMER, ROBERT J JR.  
STREET ADDRESS 937 RIDGEWAY CT.  
CITY-ST-ZIP ORANGE PARK FL 32065-5800

TITLE D  
NAME REDMON, BOBBIE-JO M  
STREET ADDRESS 465 JERI DR.  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE D  
NAME TRACY, RANDALL S  
STREET ADDRESS 8158 RAMONA BLVD.  
CITY-ST-ZIP W. JACKSONVILLE FL 32221

TITLE D  
NAME GRISMER, EMMA I  
STREET ADDRESS 937 RIDGEWAY CT.  
CITY-ST-ZIP ORANGE PARK FL 32065-5800

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)