

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004071 (6)**

1. Corporation Name

JESUS CAN SET YOU FREE MINISTRIES, INC.

Principal Place of Business

**801 PINESTEAD RD
PENSACOLA FL 32505**

Mailing Address

**P. O. BOX 8056
PENSACOLA FL 32503-0056
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip

30 Country

REINSTATEMENT

3. Date Incorporated or Qualified **08/19/1994**

4. FEI Number **59-3264167**

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

10. Name and Address of New Registered Agent

**SAPP, CHARLES E
801 PINESTEAD RD
PENSACOLA FL 32505**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE **6/23/99**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SAPP, CHARLES E**
STREET ADDRESS **801 PINESTEAD RD**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **VD** ☐ DELETE
NAME **SAPP, GERALDINE H**
STREET ADDRESS **801 PINESTEAD RD**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **SD** ☐ DELETE
NAME **SAPP, GERALDINE H**
STREET ADDRESS **301 PINESTEAD RD**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **900003034189--6**
1.3 STREET ADDRESS **-11/03/99--01074--003**
1.4 CITY-ST-ZIP ******358.75 ****358.75**

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 do 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: *[Signature]* **SIGNATURE REQUIRED**

DATE **6/23/99**

Daytime Phone # **0072325**

CR2E037 (9/96)