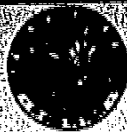


**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 30 AM 10:52

DOCUMENT # N94000005154 (9)

1. Corporation Name

JESUS SHEPARD OF THE FIELDS, INC.

Principal Place of Business

Mailing Address

15008 SW 113TH CT
MIAMI FL 33176-7404

15008 SW 113TH CT
MIAMI FL 33176-7404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/19/1994

3a. Date of Last Report
N/A 1st report.

4. FEI Number
65-0533493

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

**\$68.75 Supplemental
Fee Not Required**

This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOTTS, ALFONSO L
15008 SW 113TH CT
MIAMI FL 33176-7404**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D PASTOR & FOUNDER
NAME	ALFONSO L. Botts
STREET ADDRESS	15008 S.W. 113th Court
CITY - ST - ZIP	MIAMI FLORIDA 33176-7404
TITLE	D CO-PASTOR & MISSIONARY
NAME	MINNIE P. Botts
STREET ADDRESS	15008 S.W. 113th Court
CITY - ST - ZIP	MIAMI, FLORIDA 33176-7404
TITLE	T TREASURER
NAME	MRS. ELLAWEN DAVIS
STREET ADDRESS	10145 S.W. 17th St. next
CITY - ST - ZIP	MIAMI, Florida 33157
TITLE	T Secretary
NAME	Yvonne Delores Linton Howard.
STREET ADDRESS	14645 Monroe Street
CITY - ST - ZIP	MIAMI, Florida 33176
TITLE	T Deacon
NAME	Jeffrey Mons
STREET ADDRESS	14705 S.W. 104 Place
CITY - ST - ZIP	MIAMI, FLORIDA 33176
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Alfonso L. Botts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/1995 (305) 233-9580
DATE (Daytime Phone #)