


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.**  
**AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED**

98 OCT 23 AM 10:04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** Jesus SHEPHARD OF THE FIELDS, INC.  
 1. Corporation Name N94000005154

Principal Place of Business Mailing Address  
 15008 SW 113 Court  
 MIAMI, Florida 33176-7404

21 Principal Place of Business SAME AS Above	2a. Mailing Address SAME AS Above
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified  
 October 18, 1994

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
 ALFONSO L. BOTT  
 15008 SW 113 Court  
 MIAMI, Florida 33176-7404

10. Name and Address of New Registered Agent  
 81 Name N/A  
 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 Alfonso L. Bott 9-28-98  
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	Pastor & founder P <input type="checkbox"/> DELETE
NAME	ALFONSO L. BOTT (D)
STREET ADDRESS	15008 SW 113 Ct,
CITY-ST-ZIP	MIAMI Florida 33176-7404
TITLE	Co-pastor & founder <input type="checkbox"/> DELETE
NAME	MINNIE P. BOTT PHP (D)
STREET ADDRESS	15008 SW 113 Ct,
CITY-ST-ZIP	MIAMI Florida 33176-7404
TITLE	Treasurer (T) <input type="checkbox"/> DELETE
NAME	ELLEEN DAVIS
STREET ADDRESS	10145 SW 172 Street
CITY-ST-ZIP	MIAMI Florida 33157
TITLE	Secretary <input checked="" type="checkbox"/> DELETE
NAME	Yeronica Delores Linton-Howard
STREET ADDRESS	14045 Monroe Street
CITY-ST-ZIP	MIAMI Florida 33176
TITLE	Deacon (T) <input type="checkbox"/> DELETE
NAME	ELVIN DAVIS
STREET ADDRESS	10145 SW 172 Street
CITY-ST-ZIP	MIAMI, Florida 33157
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	900002674919-3
2.3 STREET ADDRESS	-10/28/98-01086-013
2.4 CITY-ST-ZIP	*****61.25 *****61.25
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 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: Alfonso L. Bott 9-28-98 (305) 233-9560

CR2E037 (5/98)