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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400005154

JESUS SHEPARD OF THE FIELDS, INC.

Principal Place of Business	Mailing Address
15008 SW 113TH CT	15008 SW 113TH CT
MIAMI FL 33176-7404	MIAMI FL 33176-7404

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4									•		
— '	Place of Business 2a. Mailing Address 26						3. Date Incorporated or Qualife 10/19/1994	d			
Suite, Apt.							4. FEI Number		Apr	lied For	
22 Suite, Apr.	27						65-0533493		— ———————————————————————————————————	Applicable	
City & Stat	ne ·	City & Sta	ite				_		\$8.75`A	dditional	
23	28						5. Certificate of Status Desired	Status Desired LI Fee Required		uired	
Zip	Country	Zip	·	Country			6. Election Campaign Financing \$5.00			•	
24 25 29 30							Trust Fund Contribution	und Contribution Added to Fees			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81		_					
	LFONSO L			82	82 Street Address (P.O. Box Number is Not Acceptable)						
15008 SW	/ 113TH CT			83					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
MIAMI FL	33176-7404			65	ŀ						
				84	City			FL	85 Zip C	ode	
		1047 4500 50		15 - - 5 - 11		<u></u>	ration authorite this statement for th		changing its	registered	
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	of Florida. Such ch	ange was autho	orized by	the co	rporation	's board of directors. I hereby acc	ept the appoir	ntment as reg	istered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 61	7.0503, Florida	Statutes							
SIGNATURE								DATE			
12.	Signature, typed or printed name of registered agen		(NOTE: Reg	istered Ager	it signatui	e required v	when reinstating) ADDITIONS/CHANGES TO C		D DIRECTO	RS IN 12	
	OFFICERS AN		DELETE	1.1 TITLE			7.00111011010101010101010101010101010101	,	Change	Addition	
TITLE	PFD ALFONSO I	L _a .	JOEEETE					•			
NAME	BOTTS, ALFONSO L		-	1.2 NAME							
STREET ADDRESS	1			1.3 STREET		8					
CITY-ST-ZIP	MIAMI FL 33176-7404		DELETE	1,4 CITY-S	T- ZIP				Change	T Addition	
TITLE	CPVD) DELETE	2.1 TITLE			•		C Origingo	, Addison	
NAME	BOTTS, MINNIE P			2.2 NAME						-	
STREET ADDRESS	15008 S.W. 113TH COURT			2.3 STREET	ADDRES	SS			i		
CITY-ST-ZIP	MIAMI FL 33176-7404			2. 4 CITY-S	T-ZIP			_ ~- ~~	D Obsessor :	N Addition	
TITLE	T	Ε.) DELETE	3.1 TITLE					Change 1	Addition	
NAME	DAVIS, ELLAWEEN			3.2 NAME							
STREET ADDRESS	10145 S.W. 172ND STREET			3.3 STREET	T ADORES	ss	•		•	,	
CITY-ST-ZIP	MIAMI FL 33157			3.4, CITY-S	T-ZIP		<u> </u>	<u> </u>			
TITLE	S		DELETE	4.1 TITLE					Change	Addition	
NAME	LINTON-HOWARD, VERONICA I)		4. 2 NAME		1					
STREET ADDRESS	14045 MONROE STREET			4.3 STREET	T ADDRES	ss					
CITY-ST-ZIP	MIAMI FL 33176			4.4 CITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·	•	<u>. </u>		
TITLE	TD	Ľ	DELETE	5.1 TITLE					Change	☐ Addition	
NAME	DAVIS, ELVIN			5.2 NAME			•				
STREET ADDRESS	ARAGE COLUMN CT			5.3 STREET	TADORES	SS					
CITY-ST-ZIP	MIAMI FL 33157			5.4 CITY-S	T-ZIP		·	·			
TITLE			DELETE	6.1 TITLE			<u> </u>	•	☐ Change	Addition	
NAME				6.2 NAME					•		
STREET ADDRESS				6.3 STREET	T ADDRES	ss					

6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE: ALFONSOGUABO