


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90070 010 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000003658**

1. Corporation Name

**JESUS IS ALIVE MINISTRIES PRAISE AND WORSHIP CENTER, INC.**

Principal Place of Business

7100 NW 15TH CT  
MIAMI FL  
US

Mailing Address

7100 NW 15TH CT  
MIAMI FL  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	08/01/1995	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0601001	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**ROBINSON, REBECCA**  
2923 NW 58 ST  
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name **Freddie L. Robinson**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2923 NW 58 ST.**  
83  
84 City **Miami** FL 85 Zip Code **33142**

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

*Freddie L. Robinson* 1-15-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, FREDDIE L	1.2 NAME	
STREET ADDRESS	2923 NW 58 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, REBECCA	2.2 NAME	
STREET ADDRESS	2923 NW 58 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, PETER	3.2 NAME	
STREET ADDRESS	388 W 58 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CONNIE	4.2 NAME	
STREET ADDRESS	388 W 58 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOMFIELD, WILLIE	5.2 NAME	
STREET ADDRESS	2115 NW 192 TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, HAZEL	6.2 NAME	
STREET ADDRESS	1449 NE 154 TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Freddie L. Robinson* Jan. 15, 1999 305-638-1446

Date

Daytime Phone #