

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 07 1998 8:00am
Secretary of State

DOCUMENT # N95000004095 (4)

1. Corporation Name

DISCIPLES OF CHRIST INTER-DENOMINATIONAL MINISTR
Y, INC.



Principal Place of Business

Mailing Address

10231 FOXCROFT RD. WEST
JACKSONVILLE FL 82257

10231 FOXCROFT RD. WEST
JACKSONVILLE FL 32257

3. Date Incorporated or Qualified

08/14/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUKES, JOSEPH JR.
10231 FOXCROFT RD. WEST
JACKSONVILLE FL 32257

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	DELETE
NAME	DUKES, JOSEPH JR.	
STREET ADDRESS	10231 FOXCROFT RD. WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	V	DELETE
NAME	HOWELL, ARNOLD	
STREET ADDRESS	10231 FOXCROFT RD. WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	TS	DELETE
NAME	DUKES, SHIRLEY	
STREET ADDRESS	10231 FOXCROFT RD. WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	S	DELETE
NAME	HOWELL, PAT	
STREET ADDRESS	10231 FOXCROFT RD. WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	T	DELETE
NAME	BURKES, ANNE	
STREET ADDRESS	5201 ATLANTIC BLVD #275	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	DELETE
NAME	DUKES, TRACIE	
STREET ADDRESS	4134 ROLLINGWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE FL	

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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 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:

Joseph Dukes, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/98

Date

904-268-2714

Daytime Phone #

CR2E037 (5/98)