FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000001765 (4)

SERVING JESUS IN MISSIONS INC.

Country

9. Name and Address of Current Registered Agent

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COLEMAN, SHAUNA L

5435 DEEPDALE DRIVE ORLANDO FL 32821

OEITTING OEOOO III IIIOOIG					
Principal Place of Business	Mailing Address	T ADDITUEL EIG IDING CHAN CONT. CEINE DONN BOIN SOUR HEALT NORTH BUILD EAST (COD)			
5435 DEEPDALE DRIVE ORLANDO FL 32821	S435 DEEPDALE DRIVE ORLANDO FL 32821-7631				
		3. Date Incorporated or Qualified 04/02/1996	3a. Date	3a. Date of Last Report	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number		Applied For	
21	26	59-3458770		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc,	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	City & State	6 Election Campaign Figureina		\$5.00 · · ·	

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

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City

Country

agent. Fam 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									
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	0 ,	DELETE	1.1 TITLE		☐ Change	☐ Addition			
NAME	COLEMAN, SHAUNA L		1.2 NAME						
STREET ADDRESS	5435 DEEPDALE DRIVE		1.3 STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32821		1.4 CiTY-ST-ZiP						
TITLE	D	DELETE	21 TITLE		☐ Change	☐ Addition			
NAME	COLEMAN, LANA S	,	2.2 NAME						
STREET ADDRESS	5435 DEEPDALE DRIVE	į	2.3 STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32821		2. 4 CITY - ST - ZIP						
TITLE	- ,	DELETE	3.1 T/1LE		☐ Change	☐ Addition			
NAME	ROGERS, DOROTHY J		3.2 NAME						
STREET ADDRESS	53 MARLETE DRIVE		3.3 STREET ADDRESS						
CITY-ST-ZIP	MILTON FL 32570		3.4. CITY-ST-ZIP						
TITLE	D \square	DELETE	4.1 TITLE		☐ Change	Addition			
NAME	COLEMAN, CARL F		4. 2 NAME						
STREET ADDRESS	5435 DEEPDALE DRIVE		4.3 STREET ADDRESS						
CITY-ST-ZIP	ORLÁNDO FL 32821		4.4 City-St-Zip						
TITLE		DELETE	5.1 TITLE		Change	Addition			
NAME			5.2 NAME			OC.			
STREET ADDRESS			5.3 STREET ADDRESS			924			
CITY-ST-ZIP			5 4 CITY-ST-ZIP			·			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition			
NAME			6.2 NAME	100002303	3841				
STREET ADDRESS			6.3 STREET ADDRESS	-09/25/9701111	019				

6.4 CITY - ST - ZIP 14. I do 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.

FILED

Sep 24 1997 8:00am

Secretary of State

Yes No

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8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Trust Fund Contribution

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees