

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002088 (0)**
1. Corporation Name

GENERATION JESUS KID'S HOUSE MINISTRIES, INC.



Principal Place of Business 501 BUCKINGHAM AVENUE MELBOURNE FL 32935	Mailing Address 501 BUCKINGHAM AVENUE MELBOURNE FL 32935-3005
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/15/1996	3a. Date of Last Report N/A
				4. FEI Number Applied for	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHNSON, DEARDRA L 501 BUCKINGHAM AVENUE MELBOURNE FL 32935		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1808, 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 *Sandra B. Johnson* DATE **5-1-97**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, DEARRA L	DEARDRA		1.2 NAME			
STREET ADDRESS	501 BUCKINGHAM AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935	President		1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Gordon, Jaqueline <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JOHNSON, DEREK A	Tr		2.2 NAME	1407 Glencove Ave		
STREET ADDRESS	501 BUCKINGHAM AVENUE			2.3 STREET ADDRESS	Palm Bay, FL 32907		
CITY-ST-ZIP	MELBOURNE FL 32935			2.4 CITY-ST-ZIP	Vice President		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MITCHELL, WILLIE MAE			3.2 NAME			
STREET ADDRESS	1131 TARPON DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32935			3.4 CITY-ST-ZIP			
TITLE	TYS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, Gregory L.			4.2 NAME			
STREET ADDRESS	1101 E. University Blvd			4.3 STREET ADDRESS			
CITY-ST-ZIP	Melbourne, FL 32901			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, Yolanda			5.2 NAME			
STREET ADDRESS	1101 E. University Blvd.			5.3 STREET ADDRESS			
CITY-ST-ZIP	Melbourne, FL 32901			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE *Sandra B. Johnson* DATE **5-1-97**

CFR2E037 (9/96)