## FILE NOW: FILING FEE IS \$61.25

Mailing Address

1916 LAWSON ROAD TALLAHASSEE FL 32308

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

1916 LAWSON ROAD TALLAHASSEE FL 32308



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600002489 (0)

THE JESUS JOURNAL, INC.

## FILED May 05 1998 8:00am Secretary of State

|--|

Applied For

487-6205

3. Date Incorporated or Qualified

05/09/1996 4. FEI Number

|  |                     |   |                  |                           |             |         |   | 31-1466664   | No                                | t Applicable             |  |
|--|---------------------|---|------------------|---------------------------|-------------|---------|---|--|-----------------------------------|--------------------------|--|
| 2. Principi<br>21  | al Place of Busi    | ness  | 2a. Mailir<br>26 | 2a. Mailing Address<br>26 |             |         |   | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |                          |  |
| Suite, A   | Apt. #, etc.        |   | Suite.           | Suite, Apt. #, etc.       |             |         |   | Election Campaign Financing     Trust Fund Contribution  | \$5.00 May Be<br>Added to Fees    |                          |  |
| City & S   | State               |   |                  | City & State              |             |         |   |  |                                   |                          |  |
| 23   |                     |   | 28               | <b>—</b>                  |             |         |   | 7. Is this nonprofit corporation a homeowners association?   |                                   |                          |  |
| Zip  |                     | Country   | Zip C            |                           |             | Country |   | 8. This corporation owes or has paid the current year intangible   |                                   |                          |  |
| 24   |                     | 25  | 29               |                           | 30          |         |   |  |                                   | No                       |  |
|  | 9, Name             | and Address of Current  | Registered /     | Agent                     |             |         | 10. Name and Address of New Registered                | Agent  |                                   |                          |  |
|  |                     |   |                  |                           |             |         | 81 Name   |  |                                   |                          |  |
|  |                     |   |                  |                           |             |         | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                                   |                          |  |
| 1916 LAWSON ROAD   |                     |   |                  |                           |             |         |   |  |                                   |                          |  |
| TALLAHASSEE FL 32308   |                     |   |                  |                           |             |         | 83  |  |                                   |                          |  |
| •  |                     |   |                  |                           |             |         | City 85 Zip Code                                      |  |                                   |                          |  |
|  |                     |   |                  | . <del> </del>            |             |         |   | FL   | <del>-</del>                      |                          |  |
| office   | or registered as    | pent, or Sections 617.0502<br>gent, or both, in the State<br>ith, and accept the obliga | of Florida. Suc  | ch change was i           | authorized  | d by    | the corporation                                       | ration submits this statement for the purpose on should be directors. I hereby accept the app            | r changing it<br>pointment as     | registered<br>registered |  |
| SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)  DATE |                     |   |                  |                           |             |         |   |  |                                   |                          |  |
| 12.  | опунатого, турет    | OFFICERS AND  |                  |                           | 13.         | J repar | III afficienta lactoriac                              | ADDITIONS/CHANGES TO OFFICERS AND  | DIRECTOR                          | S IN 12                  |  |
| TITLE  | Т-Б-                |   |                  | DELETE                    | 1.1 10      | TLE     |   |  | Change                            | Addition                 |  |
| NAME   | SAVAG               | E, MICHAEL E  |                  |                           | 12 N        |         |   |  |                                   | _                        |  |
| STREET ADDRE   | 1                   | WSON ROAD   |                  |                           | 1357        | REFT    | ADDRESS   |  |                                   | 1                        |  |
| CITY-ST-ZIP  |                     | ASSEE FL 32308  |                  |                           | 1.4 CI      |         |   |  |                                   |                          |  |
| TITLE  | D                   |   |                  | DELETE                    | 2.1 Ti      |         |   |  | Change                            | Addition                 |  |
| NAME   | ROWE.               | KEITH A   |                  |                           | 22 N        | ME      |   |  | _ •                               | _                        |  |
| STREET ADORE   |                     | ALLAPOOSA COURT   |                  |                           | 2351        | REFT    | ADDRESS   | · • • • • • • • • • • • • • • • • • • •  |                                   |                          |  |
| CITY-ST-ZIP  |                     | ASSEE FL 32303  |                  |                           | 2.40        |         |   |  |                                   | ĺ                        |  |
| TITLE  | D                   |   |                  | DELETE                    | 3.1 Ti      | _       | ·   |  | Change                            | Addition                 |  |
| NAME   | CARMO               | DY, JOHN J  |                  |                           | 3.2 N       | ME      | - 1   |  |                                   | [                        |  |
| STREET ADDRE   |                     | RHILL DRIVE   |                  |                           |             |         | ADDRESS   |  |                                   |                          |  |
| CITY-ST-ZIP  |                     | GTON DE 19808   |                  |                           | 3.4. C      |         |   |  |                                   | ŀ                        |  |
| TITLE  |                     |   |                  | DELETE                    | 4.1 TO      | _       |   |  | Change                            | Addition                 |  |
| NAME   | 1                   |   |                  |                           | 4. 2 N      | AME     | 1   |  |                                   | 1                        |  |
| STREET ADDRE   | ESS                 |   |                  |                           | 4.3 51      | REET    | ADDRESS   |  |                                   |                          |  |
| CITY-ST-ZIP  |                     |   |                  |                           | 4.4 CI      | TY-S    | T- ZIP  |  |                                   | 1                        |  |
| TITLE  |                     |   |                  | DELETE                    | 5.1 7)      |         |   |  | Change                            | Addition                 |  |
| NAME   | 1                   |   |                  |                           | 5.2 N/      | ME      |   |  |                                   |                          |  |
| STREET ADDRE   | ess                 |   |                  |                           | 5.3 ST      | REET    | ADDRESS   |  |                                   |                          |  |
| CITY-ST-ZIP  |                     |   |                  |                           | 5.4 CI      | TY-S    | r-zip   |  |                                   |                          |  |
| TITLE  |                     |   | · -··            | DELETE                    | 6.1 Ti      |         |   |  | Change                            | Addition                 |  |
| NAME   |                     |   |                  |                           | 6.2 N       | WE      |   |  |                                   |                          |  |
| STREET ADDRE   | ESS                 |   |                  |                           | 6.3 ST      | REET    | ADDRESS   |  |                                   |                          |  |
| CITY-ST-ZIP  |                     |   |                  |                           | 6.4 CI      | TY-SI   | r-zip   |  |                                   | ĺ                        |  |
| 14. I here   | by certify that the | ne information supplied wi  | th this filing d | oes not qualify f         | or the eye  | mot     | ion stated in S                                       | Section 119.07(3)(i), Florida Statutes. I further co<br>a shall have the same legal effect as if made ur | artify that the                   | information              |  |
| indica   | nou on this anni    | iai raport de aupplicationta  | annual repor     | r is true and acc         | uui ate and | ų įme   | at my signature                                       | shall have the same legal effect as it made ur   | ider oath; th                     | at i Billi Billi         |  |