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May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000003388 (3)

1. Corporation Name

JESUS VIDEO PROJECT, NORTHEAST FLORIDA COUNTIES, INC.



Principal Place of Business

Mailing Address

707 LAUREL STREET  
PALATKA FL 32177

707 LAUREL STREET  
PALATKA FL 32177-5149

3. Date Incorporated or Qualified  
06/24/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-3434721

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOK, ROBERT  
707 LAUREL STREET  
PALATKA FL 32177

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 the filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

1.1 TITLE  Change  Addition

NAME P  
SELLERS, JEFF  
STREET ADDRESS 3111 ST. JOHNS AVENUE  
CITY-ST-ZIP PALATKA FL 32177

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE

2.1 TITLE  Change  Addition

NAME S-D  
BROWN, STEVE  
STREET ADDRESS POST OFFICE BOX 889 NA  
CITY-ST-ZIP WELAKA FL 32193

2.2 NAME D  
BROWN, STEVE  
2.3 STREET ADDRESS P.O. BOX 889 NA  
2.4 CITY-ST-ZIP WELAKA, FL 32193

TITLE  DELETE

3.1 TITLE  Change  Addition

NAME V-D  
COOK, ROBERT  
STREET ADDRESS 707 LAUREL STREET  
CITY-ST-ZIP PALATKA FL 32177

3.2 NAME D  
COOK, ROBERT  
3.3 STREET ADDRESS 707 LAUREL STREET  
3.4 CITY-ST-ZIP PALATKA, FL 32177

TITLE  DELETE

4.1 TITLE  Change  Addition

NAME T-D  
GRISWOLD, TED  
STREET ADDRESS POST OFFICE BOX 6 NA  
CITY-ST-ZIP HASTINGS FL 32145

4.2 NAME D  
GRISWOLD, TED  
4.3 STREET ADDRESS P.O. BOX 6 NA  
4.4 CITY-ST-ZIP HASTINGS, FL 32145

TITLE  DELETE

5.1 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE

6.1 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
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:

Robert J. Cook

4/10/97

904-328-5575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 8003599

CR2E037 (9/96)