

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000004289 (2)

1. Corporation Name

BISHOP LENNARD JOSEY MINISTRIES, INC.



Principal Place of Business

Mailing Address

505 SUNSET RD
BOYNTON BEACH FL 33435

505 SUNSET RD
BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified

08/15/1996

4. FEI Number

65-0688465

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 133 SW 13th AV

26 133 SW 13th AV

22 Suite, Apt. #, etc.
Delray Beach

27 Suite, Apt. #, etc.
Delray Beach

23 City & State
FL

28 City & State
FL

24 Zip
33444

29 Zip
33444

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSEY, LENNARD
505 SUNSET RD
BOYNTON BEACH FL 33435

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME JOSEY, LENNARD
STREET ADDRESS 505 SUNSET RD
CITY - ST - ZIP BOYNTON BEACH FL 33435

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

TITLE DS
NAME SALVARY, RENEE
STREET ADDRESS 622 ANGLER DR
CITY - ST - ZIP DELRAY BEACH FL 33445

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE DT
NAME JOSEY, MEARLENE
STREET ADDRESS 505 SUNSET RD
CITY - ST - ZIP BOYNTON BEACH FL 33435

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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.

TURE: REQUIRED

4-15-98

CR2E037 (10/97)