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Apr 18 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 # **N96000004466 (6)**

1. Corporation Name

JIMMY PITTMAN MINISTRIES, INC.



Principal Place of Business 533 EAST EL PASO AVENUE CLEWISTON FL 33440	Mailing Address 533 EAST EL PASO AVENUE CLEWISTON FL 33440-4701
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3407108		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PITTMAN, JAMES L 532 EAST OSCEOLA AVENUE CLEWISTON FL 33440				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PD	PITTMAN, JAMES LESLIE	532 EAST OSCEOLA AVENUE CLEWISTON FL 33440	VD	ENSOR, Garry	Tropical M.H. Park, Lot 296	Clewiston, FL 33440
	V	PITTMAN, IRA R	532 EAST OSCEOLA AVENUE CLEWISTON FL 33440	D	Chamness, Maria	523 E. Osceola Av.	Clewiston, FL 33440
	STD	PITTMAN, PAULA Y	532 EAST OSCEOLA AVENUE CLEWISTON FL 33440				
	D	ENSOR, GARRY	TROPICAL MOBILE HOME PARK, LOT 296 CLEWISTON FL				

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: *James L Pittman* **James L Pittman** 4-14-97 941-983-2373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042613

CR2E037 (9/96)