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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006080

1. Corporation Name
JESUS PEOPLE LIFE CHANGING MINISTRIES CHURCH, IN C.

Principal Place of Business 125 NW 23RD AVENUE GAINESVILLE FL 32609 US	Mailing Address 815 NW 23RD AVENUE GAINESVILLE FL 32609 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/22/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3415126
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MINGO, HORACE L 3920 NW 95TH BLVD. GAINESVILLE FL 32609				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 _____ DATE _____
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINGO, HORACE L	1.2 NAME	Mingo, Horace L.
STREET ADDRESS	3920 NW 95TH BLVD	1.3 STREET ADDRESS	4421 NW 16th Place
CITY-ST-ZIP	GAINESVILLE FL 32609	1.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINGO, LURETHA M	2.2 NAME	Mingo, Luretha M.
STREET ADDRESS	3920 NW 95TH BLVD	2.3 STREET ADDRESS	4421 NW 16th Place
CITY-ST-ZIP	GAINESVILLE FL 32609	2.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ISAIAH S JR.	3.2 NAME	
STREET ADDRESS	16206 NW 83RD COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33016	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, LENNIS B	4.2 NAME	
STREET ADDRESS	6726 NORTHEAST 27TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, JENNIFER E	5.2 NAME	
STREET ADDRESS	9703 S.W. 83RD WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	5.4 CITY-ST-ZIP	
TITLE	DTS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBERT, TONJI L	6.2 NAME	
STREET ADDRESS	7301 WEST UNIVERSITY AVE., #121	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	6.4 CITY-ST-ZIP	

14. 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, with all other like empowered.

SIGNATURE: Horace L. Mingo 01/5/99 (352) 375-9918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)