

FILE NOW: FILING FEE IS \$61.25

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**Mar 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006081 (1)
1. Corporation Name
JESUS PEOPLE FAMILY WORSHIP CENTER CHURCH, INC.



Principal Place of Business 4802 GUNN HWY STE 126 TAMPA FL 33624 US	Mailing Address PO BOX 17061 TAMPA FL 33682-7061 US
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3. Date Incorporated or Qualified 11/22/1996	
4. FEI Number 65-0713778	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 4802 Gunn Highway		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite #126		
City & State 23	City & State 28 Tampa, FL		
Zip 24	Country 25	Zip 29 33624	Country 30 U.S.

5. Certificate of Status Desired <input checked="" type="checkbox"/> X \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No

9. Name and Address of Current Registered Agent

**MITCHELL, ANDRE V
13106 N FLORIDA AVE
APT #119
TAMPA FL 33613**

10. Name and Address of New Registered Agent

81 Name MITCHELL, ANDRE V.	
82 Street Address (P.O. Box Number is Not Acceptable) 13106 N. FLORIDA AVE	
83 APT. #119	
84 City TAMPA	85 Zip Code FL 33612

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

TITLE PD	<input type="checkbox"/> DELETE
NAME MITCHELL, ANDRE' V	
STREET ADDRESS 3280 NW 51ST STREET	
CITY-ST-ZIP MIAMI FL 33142	
TITLE VD	<input type="checkbox"/> DELETE
NAME MITCHELL, NANCY M	
STREET ADDRESS 3280 NW 51ST STREET	
CITY-ST-ZIP MIAMI FL 33142	
TITLE D	<input type="checkbox"/> DELETE
NAME WILLIAMS, ISAIAH S JR.	
STREET ADDRESS 16208 NW 83RD COURT	
CITY-ST-ZIP MIAMI FL 33018	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME MITCHELL, ANDRE V	
1.3 STREET ADDRESS 13106 N. Florida Ave	
1.4 CITY-ST-ZIP Tampa, FL 33612	
2.1 TITLE Vice President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME MITCHELL, NANCY M.	
2.3 STREET ADDRESS 13106 N. Florida Ave	
2.4 CITY-ST-ZIP Tampa, FL 33612	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Handwritten: \$ 70.00 BANK

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.

SIGNATURE: _____ DATE: **1-30-98** (198) 364-46516

CR2E037 (10/97)