

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90008 034 ****61.25

DOCUMENT # **N97000001189**

Corporation Name

JOE ROBERTS MINISTRIES, INC.

614185-90008-34

Principal Place of Business

921 N.W. 53RD STREET
LAUDERHILL FL 33351

Mailing Address

7921 N.W. 53RD STREET
LAUDERHILL FL 33351



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	03/03/1997
City & State	City & State	4. FEI Number
Zip	Zip	NOT APPLICABLE
Country	Country	Applied For
25	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent

ROBERTS, JOSEPH L
7921 N.W. 53RD STREET
LAUDERHILL FL 33351

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

I, 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.

GNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	2. ADDRESS	1.1 TITLE	1.2 NAME
PD	ROBERTS, JOSEPH L	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
7921 N.W. 53RD STREET	LAUDERHILL FL 33351	2.1 TITLE	2.2 NAME
3. DELETE		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
4. NAME	5. ADDRESS	3.1 TITLE	3.2 NAME
SD	WHITEHURST, JARIS	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
1100 N.W. 4TH STREET	FORT LAUDERDALE FL 33311	4.1 TITLE	4.2 NAME
6. DELETE		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
7. NAME	8. ADDRESS	5.1 TITLE	5.2 NAME
TD	SCOTT, LASHON	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
2696 SOMERSET DRIVE #Z-312	LAUDERDALE LAKES FL 33311	6.1 TITLE	6.2 NAME
9. DELETE		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

I, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/99

Date

954-742-8623

Daytime Phone #

CR2E037 (5/99)