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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moram Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001337 (1)**

1. Corporation Name

JESUS CHRIST MISSIONARY CHURCH CORP.



Principal Place of Business % MARION OAKS COMMUNITY CENTER 294 MARION OAKS LANE OCALA FL 34473	Mailing Address % MARION OAKS COMMUNITY CTR 294 MARION OAKS LANE OCALA FL 34473
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3. Date Incorporated or Qualified

03/11/1997

4. FEI Number

59-3437126

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 OCALA, FLORIDA Zip 24 34473 Country 25 MARION	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WRIGHT, THOMAS K
3108 SW 137 LOOP
OCALA FL 34473**

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	WRIGHT, THOMAS K
STREET ADDRESS	% 294 MARION OAKS LANE
CITY-ST-ZIP	OCALA FL 34473
TITLE	<input type="checkbox"/> DELETE
NAME	BANKS, JOE
STREET ADDRESS	% 294 MARION OAKS LANE
CITY-ST-ZIP	OCALA FL 34473
TITLE	<input type="checkbox"/> DELETE
NAME	SECRETARY
STREET ADDRESS	BETTY A. WRIGHT
CITY-ST-ZIP	3108 SW 137th Loop
	OCALA, FL 34473
TITLE	<input type="checkbox"/> DELETE
NAME	THOMAS K WRIGHT
STREET ADDRESS	3108 S.W. 137th Loop
CITY-ST-ZIP	OCALA, FL 34473
TITLE	<input type="checkbox"/> DELETE
NAME	JOE BANKS
STREET ADDRESS	14230 S.W. 35th CT RD
CITY-ST-ZIP	OCALA FL 34473
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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

THOMAS K WRIGHT

2-12-98

352-347-8470

CR2E037 (10/97)