

FILE NOW: FILING FEE IS \$61.25

FILED

May 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000002598 (7)**

1. Corporation Name  
**J.B. MINISTRIES, INC.**



Principal Place of Business <b>546 KISSIMMEE STREET TALLAHASSEE FL 32301</b>	Mailing Address <b>546 KISSIMMEE STREET TALLAHASSEE FL 32301</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>617 Forest Lair</b>
22 City & State	27
23	28 <b>Tallahassee, FL</b>
24 Zip Country	29 Zip Country
25	30 <b>32312 U.S.A.</b>

3. Date Incorporated or Qualified <b>05/08/1997</b>
4. FEI Number <b>59-345335/</b>
Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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"/> No

9. Name and Address of Current Registered Agent

**BROWN, JAMES  
546 KISSIMMEE STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **Rick Smith**

82 Street Address (P.O. Box Number is Not Acceptable)  
**617 Forest Lair**

83

84 City **Tallahassee** FL 85 Zip Code **32312**

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 *R.L. Smith* **4-27-98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>Ken Stafford - President</b>	<input type="checkbox"/> DELETE
NAME	<b>617 Forest Lair</b>	
STREET ADDRESS	<b>Tallahassee, FL 32312</b>	
CITY-ST-ZIP		
TITLE	<b>Secretary / Treasurer</b>	<input type="checkbox"/> DELETE
NAME	<b>Rick Smith</b>	
STREET ADDRESS	<b>617 Forest Lair</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> DELETE
NAME	<b>John Stott</b>	
STREET ADDRESS	<b>3316 Gallant Fox Trail</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> DELETE
NAME	<b>David McLaurin</b>	
STREET ADDRESS	<b>3205 East Lakeshore Dr.</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>	
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	<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: *R.L. Smith* **4-27-98 850-224-7080**

CR2E037 (10/97)