


FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90076 049 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003027

1. Corporation Name

JOSEPH'S HOUSE COUNSELING MINISTRY, INC.

Principal Place of Business

1945 PERRY PL
JACKSONVILLE FL 32207

Mailing Address

3134 WELLESLEY Sa.
JACKSONVILLE FL 32207

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 3134 Wellesley Sa.	05/19/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	APPLIED FOR AGENT
City & State	City & State	5. Certificate of Status Desired
23	28 Jacksonville FL	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing
24	29 32207	<input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	30 M.S.A.
25	30	

9. Name and Address of Current Registered Agent

HOUSTON, CLARENCE H JR
 1050 RIVERSIDE AVE
 CONE, YOUNG, STEWART, & HOUSTON, P.A.
 JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSTON, BERRYLIN M	1.2 NAME	
STREET ADDRESS	1945 PERRY PL 3134 Wellesley Sa.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, MARLIN	2.2 NAME	
STREET ADDRESS	1945 PERRY PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, PASTOR D	3.2 NAME	
STREET ADDRESS	1945 PERRY PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Be SIGNATURE REQUIRED
 BERRYLIN M. HOUSTON

2.19.99

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