


04-25-1999 90013 090 *****8.75

NONPROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000001254

1. Corporation Name
A.O.H. CHURCH OF JESUS CHRIST OF ROMEO, INC.

Principal Place of Business
2091 NW 190TH AVENUE
DUNNELLON FL 34432

Mailing Address
2091 NW 190TH AVENUE
DUNNELLON FL 34432

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 3237 N.E. 48th Ter
27 Suite, Apt. #, etc.
28 Silver Springs Fl
29 City & State
30 34480 USA
31 Zip Country
32

3. Date Incorporated or Qualified
03/03/1998
4. FEI Number
Applied For
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution

9. Name and Address of Current Registered Agent
THOMAS, PATRICIA A
2091 NW 190TH AVENUE
DUNNELLON FL 34432

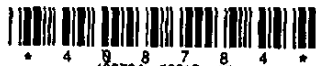

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 Patricia A. Thomas - Patricia A. Thomas 3-29-99
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE D
NAME MADDOX, DOROTHY MAE
STREET ADDRESS 2091 NW 190TH AVENUE
CITY-ST-ZIP DUNNELLON FL 34432
TITLE D
NAME THOMAS, PATRICIA A
STREET ADDRESS 2091 NW 190TH AVENUE
CITY-ST-ZIP DUNNELLON FL 34432
TITLE D
NAME HERRING, ETHEL
STREET ADDRESS 2091 NW 190TH AVENUE
CITY-ST-ZIP DUNNELLON FL 34432
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Apr 25, 1999 8:00 a.m.
Secretary of State
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04-25-1999 90013 090 *****8.75


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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: Doreen A. Thomas 3-29-99 352-236-4110
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)