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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001641

1. Corporation Name

JULIE ROE CHRISTIAN COUNSELOR, INC.

Julie Roe Ministries, Inc

Principal Place of Business
152 STEEPLECHASE CIRCLE
SANFORD FL 32771

Mailing Address
POST OFFICE BOX 950448
LAKE MARY FL 32795-0448



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/20/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		57-3501658	
24 Country		29 Country		30 Country	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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	PSD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROE, JULIE	1.2 NAME	
STREET ADDRESS	152 STEEPLECHASE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROE, ALLAN	2.2 NAME	
STREET ADDRESS	152 STEEPLECHASE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DEAN, EDESEL	3.2 NAME	
STREET ADDRESS	152 STEEPLECHASE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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: *X* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julie Roe 4/18/99
Date Daytime Phone #

CR2E037 (1/98)