

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90023 031 ****70.00

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

DOCUMENT # N98000002751

1. Corporation Name

PEANUT BUTTER + JESUS, INC.

Principal Place of Business

 5722 SOUTH FLAMINGO ROAD
~~BOX 150~~
 FORT LAUDERDALE FL 33330

Mailing Address

 5722 SOUTH FLAMINGO ROAD
~~BOX 150~~
 FORT LAUDERDALE FL 33330

2. Principal Place of Business

21

Suite, Apt. #, etc.

Delete Box Number 150

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

Delete Box Number 150

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/14/1998

4. FEI Number

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☒**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MIMS, KATHI
5722 SOUTH FLAMINGO ROAD
FORT LAUDERDALE FL 33330

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

TITLE	P D	<input type="checkbox"/> DELETE
NAME	MIMS, KATHI	
STREET ADDRESS	5722 SOUTH FLAMINGO ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	
TITLE	ST D	<input type="checkbox"/> DELETE
NAME	MIMS, STEPHEN HURD	
STREET ADDRESS	5722 SOUTH FLAMINGO ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	
TITLE	MIMS, DOROTHY D	<input type="checkbox"/> DELETE
NAME	2500 N.E. 48 LANE	
STREET ADDRESS	2500 N.E. 48 LANE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Kathi Mims, President
2/10/99
 Date

800-514-4286
 Daytime Phone #

CR2E037 (1/98)