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Secretary of State

03-04-1999 90045 041 ****61.25
 05-29-1999 90015 055 ****71.25
 05-29-1999 90015 056 *****5.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000003229 1. Corporation Name JESUS HEALING CENTER, INC.		
Principal Place of Business 2766 LEMON ST. FT. MYERS FL 33901	Mailing Address 2766 LEMON ST. FT. MYERS FL 33901	

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2. Principal Place of Business 21 2766 LEMON ST.	2a. Mailing Address 26 2766 LEMON ST.	3. Date incorporated or Qualified 06/03/1998 <i>NON PROFIT</i>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number FIN 65-0862726
23 City & State Ft. Myers, FL.	28 City & State Ft. Myers, FL.	5. Certificate of Status Desired <input type="checkbox"/> \$9.75 Additional Fee Required
24 Zip 33916	25 Country LEE	29 Zip 33916
30 Country LEE	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MAY, EDITH L 2766 LEMON ST. FT. MYERS FL 33901		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		DATE
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MAY, EDITH L		1.2 NAME EDITH L. MAY IS OFFICER & DIRECTOR	
STREET ADDRESS 2766 LEMON ST.		1.3 STREET ADDRESS 2766 LEMON ST	
CITY-ST-ZIP FT. MYERS FL 33901		1.4 CITY-ST-ZIP FT. MYERS, FL. 33901	
TITLE VTD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE NO MORE IN CHARGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TURNER, HARRIETT		2.2 NAME HAVE LEFT FOR FULL TIME CANCEL OUT	
STREET ADDRESS 1550 LOCKWOOD DR.		2.3 STREET ADDRESS JOB	
CITY-ST-ZIP FT. MYERS FL 33916		2.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE NO MORE IN CHARGE HAVE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRADWELL, JANET		3.2 NAME LEFT FOR A FULL TIME CANCEL OUT	
STREET ADDRESS 1059 WINDSOR DR.		3.3 STREET ADDRESS JOB	
CITY-ST-ZIP FT. MYERS FL 33916		3.4 CITY-ST-ZIP	
TITLE D Junior J. Jones	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS 3441 Bora St		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D Regina Thompson	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS 1438 Beet Drive		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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: Rev. EDITH L. MAY REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99 941-281-2664
Date Daytime Phone #

850 482-9000

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