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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N98000005872

1. Corporation Name

JESUS J.A.M. MINISTRIES, INCORPORATED

Principal Place of Business
153 FLORENCE DRIVE
DEFLINIAK SPRINGS FL 32433

2. Principal Place of Business

21

Mailing Address

153 FLORENCE DRIVE DEFUNIAK SPRINGS FL 32433

FILED Mar 24, 1999 8:00 am Secretary of State

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Date Incorporated or Qualifed

10/14/1998

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<u> </u>	9. Name and Address of Current	Regis	stered Agent				10. N	iame and Address of New	Registered	Agent		
					81	Name						
NOD) EQ.	CEDDENIA					<u> </u>	· · · · ·	S No !- Al-4 A	-tabla\			
NOBLES, SERRENA					82	32 Street Address (P.O. Box Number is Not Acceptable)						
153 FLORENCE DRIVE					83			,,				
DEFUNIAK	SPRINGS FL 32433											
					84	City			. Ci	85 Zip	Code	
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office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State o' m familiar with, and accept the obligation	f Flori	da. Such change was	s authorized	1 by t	-named co he corpora	orporation s ation's boar	submits this statement for the rd of directors. I hereby acc	ept the appo	intment as re	gistered	
SIGNATURE	· · · · ·											
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NC	TE: Registered	Agent	signature requ	uired when reins		DATE			
12.	OFFICERS AND	DIR	ECTORS	13.			AD	DITIONS/CHANGES TO C	FFICERS A			
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14 I hereby	certify that the information supplied with	this	filing does not qualify	for the exe	mptic	on stated i	n Section 1	119.07(3)(i), Florida Statute	s. i furthef ce s if made und	rury that the	HIIOFMAUON	

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: DINGUIS RECEIVAGA NOLLS 3-16-99 (85) 892-442

CR2E037 (11/98)__