


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 15, 1999 8:00 am
Secretary of State

02-15-1999 90013 049 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000007210

1. Corporation Name
JUBILEE CHURCH ON THE ROCK, INC.

Principal Place of Business 1453B 24TH AVENUE WEST PALMETTO FL 34221	Mailing Address 1453B 24TH AVENUE WEST PALMETTO FL 34221
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/22/1998
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	

9. Name and Address of Current Registered Agent POLSON, PHILIP A 1453B 24TH AVENUE WEST PALMETTO FL 34221	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLSON, PHILIP A	1.2 NAME	
STREET ADDRESS	1453B 24TH AVENUE WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, MARTHA S	2.2 NAME	
STREET ADDRESS	1003 29TH AVENUE WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34208	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREGLOWN, TIMOTHY	3.2 NAME	
STREET ADDRESS	2608 12TH STREET WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLSON, TAMMY K	4.2 NAME	
STREET ADDRESS	1453B 24TH AVENUE WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		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: _____ **SIGNATURE REQUIRED** 1/21/99 Date Daytime Phone # _____

CR2E037 (1/98)