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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 # N98000007235

1. Corporation Name

ST JOHN CHURCH OF GOD IN CHRIST MINISTRIES, INC.

Principal Place of Business

735 THOMAS LANE
COCOA FL 32922

Mailing Address

735 THOMAS LANE
COCOA FL 32922

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	28	12/21/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Fee
22	27	APPLIED FOR
City & State	City & State	Applied For
23	26	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	29
30		\$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

JONES, SYLVESTER
750 BERNARD ST.
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 JONES, SYLVESTER Sylvester Jones 3-24-99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	TR.
NAME	JONES, SYLVESTER	12 NAME	Paul Horsey
STREET ADDRESS	1115 SANTA ROSA DR.	13 STREET ADDRESS	1135 Groves Drive
CITY-ST-ZIP	ROCKLEDGE FL 32955	14 CITY-ST-ZIP	Rockledge, Florida 32955
TITLE	VD	21 TITLE	TR.
NAME	DUNN, ADAM	22 NAME	Carolyn Jones
STREET ADDRESS	4615 NICOLE AVE.	23 STREET ADDRESS	1115 Santa Rosa Dr.
CITY-ST-ZIP	COCOA FL 32927	24 CITY-ST-ZIP	Rockledge, Florida 32955
TITLE	SD	31 TITLE	TR.
NAME	MORICE, J. PEARL	32 NAME	James L. Morice
STREET ADDRESS	3812 STONEMOUNT DR.	33 STREET ADDRESS	3812 Stonemount Dr.
CITY-ST-ZIP	COCOA FL 32926	34 CITY-ST-ZIP	Cocoa, Florida 32926
TITLE	ASD	41 TITLE	TR.
NAME	DAVIS, PEGGY	42 NAME	Reginald Jones
STREET ADDRESS	909 S. GEORGIA AVE.	43 STREET ADDRESS	710 Ixora Avenue
CITY-ST-ZIP	ROCKLEDGE FL 32955	44 CITY-ST-ZIP	Cocoa, Florida 32922
TITLE	T	51 TITLE	TR.
NAME	GLENN, AMOS	52 NAME	Leon Thomas
STREET ADDRESS	2527 STRATFORD DR.	53 STREET ADDRESS	3355 Amberly Street
CITY-ST-ZIP	COCOA FL 32926	54 CITY-ST-ZIP	Cocoa, Florida 32926
TITLE	TR.	61 TITLE	TR.
NAME	John Wynn	62 NAME	Raymond Jones
STREET ADDRESS	817 Howard Boulevard	63 STREET ADDRESS	1825 Oak S. Drive
CITY-ST-ZIP	Rockledge, Florida 32955	64 CITY-ST-ZIP	Rockledge, Florida 32955

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: J. MORICE Signature Required 3/24/99 636-0305
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (4-1/98)

The diagram illustrates the experimental setup for the study. It shows a participant seated at a table, interacting with a computer monitor. The setup includes a video camera positioned above the monitor to record the participant's actions. The participant is instructed to perform a task on the computer screen, which displays a visual feedback system. The diagram also shows the participant's hand reaching for a button on the table. The entire setup is controlled by a computer system, which provides real-time feedback to the participant. The diagram is labeled with various components and their functions, such as 'Participant', 'Computer', 'Video Camera', 'Monitor', 'Button', and 'Feedback System'.

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Timothy Allen
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