

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P27025 (6)

1. Corporation Name  
**JOSHUA GENERATION INTERNATIONAL NETWORK, INC.**



Principal Place of Business: 4748 WHITE TAIL LANE, NEW PORT RICHEY FL 34653  
Mailing Address: 4748 WHITE TAIL LANE, NEW PORT RICHEY FL 34653

3. Date Incorporated or Qualified: 11/20/1989  
3a. Date of Last Report: 07/28/1995  
4. FEI Number: 33-0375817  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**PASCUA, JOSE V.  
4748 WHITE TAIL LANE  
NEW PORT RICHEY FL 34653**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P PASCUA, JOSE V.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4748 WHITE TAIL LANE	1.2 NAME	
STREET ADDRESS	NEW PORT RICHEY FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D MCMURTRY, RAY D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5728 CROWN DRIVE	2.2 NAME	
STREET ADDRESS	MIRA LOMA CA	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S TARI, MEL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	25178 DANA BIRCH	3.2 NAME	
STREET ADDRESS	DANA POINT CA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T SMITH, ED	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16721 AMBERWOOD WAY	4.2 NAME	
STREET ADDRESS	CERRITOS CA	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D NOVELLI, RAY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21 LINDA ISLE	5.2 NAME	
STREET ADDRESS	NEWPORT BEACH CA	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D SMULAND, KEN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9 VIA CRESTA	6.2 NAME	
STREET ADDRESS	RANCHO SANTA MARGARITA CA	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Jose V. Pasqua* JOSE V. PASCUA 1/31/96 (813)376-2098  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)