## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \*\*\*\*

1. Corporation Name

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

P27025

(6)

## JOSHUA GENERATION INTERNATIONAL NETWORK, INC.

| Principal Plac | e or business  | Mailing Address  |                            |        |  |  |            |  | .,                     |
|----------------|--|--|----------------------------|--------|--|--|------------|--|------------------------|
| 4748 WHITE T   | TAIL LANE<br>ICHEY FL 34653  | 4748 WHITE TAIL LANE<br>NEW PORT RICHEY FL 34653-6548        |                            |        |  |  |            | 4  |                        |
|                |  |  |                            |        | 3. Date incorporated or Qualified 3a. Date of Last Report 02/09/1996 |  |            |  |                        |
| 2. Principal F | Place of Business  | 2a. Mailing Address  |                            |        |  | 4. FEI Number  |            | <del>-                                      </del> | Applied For            |
| ו              |  | 28   |                            |        | 33-0375817   |  |            | Not Applicable                                     |                        |
| Suite, Apt     | #, etc.  | Suite, Apt. #, etc.  |                            |        |  | 5. Certificate of Status Desired   | Œ.         |  | Additional<br>Required |
| City & Stat    | le   | City & State   |                            |        |  | 6. Election Campaign Financing   |            |  | May Be                 |
|                |  | 28   |                            |        |  | Trust Fund Contribution  |            |  | d to Fees              |
| Zip            | Country  | Zip  | Co                         | untry  |  | 8. This corporation has liability for  | intangible | tax under  | s. 199.032,            |
|                | 25   | 29   | 30                         |        |  |  | Yes [      |  |                        |
|                | 9. Name and Address of Current   | Registered Agent   |                            | L.,    |  | 10. Name and Address of New Re   | gistered . | Agent  |                        |
|                |  |  |                            | 81     | Name   |  |            |  |                        |
| PASCU          | IA, JOSE V.  |  | 82 Street Ad               |        |  | Iress (P.O. Box Number is Not Acceptab   | ole)       |  |                        |
|                | VHITE TAIL LANE  |  |                            | Ш      |  |  | ·          |  |                        |
| NEW P          | ORT RICHEY FL 34653  |  | *.                         | 83     | 1  | •  |            |  |                        |
|                |  |  |                            | 84     | City   |  |            | 85 Zi  | p Code                 |
|                |  |  |                            |        |  |  | FL         |  |                        |
| office or r    | registered agent, or both, in the State of amiliar with, and accept the obligations. | of Florida. Such change was<br>tions of, Section 617.0503, I | s authorize<br>Florida Sta | d by   | the corpora  | poration submits this statement for the partition's board of directors. I hereby acception | ot the app | ointment i   | as registered          |
| SIGNATURE      | Signature, typed or printed name of registered agen                                  | Land tille if applicable (Bit                                | OTE Designation            | -d A   | nt sign at so to a   | ired when reinstating)   | DATE       |  |                        |
| 12.            | OFFICERS AND   |  | 13.                        |        | ur aidustora undo  | ADDITIONS/CHANGES TO OFFIC   |            | DIRECT   | ORS IN 12              |
| ITLE           | P  | DELETE   | 1.11                       |        |  |  |            | Chang  |                        |
| IAME           | PASCUA, JOSE V.  | <del></del>  | 1.21                       | IAME   | 1  |  |            |  |                        |
| TREET ADDRESS  | 4748 WHITE TAIL LANE   |  | 1.3 9                      | TREET  | ADDRESS  |  |            |  |                        |
| CHY-ST-ZIP     | NEW PORT RICHEY FL   |  | 1.4 (                      | HY-S   | T-ZIP  |  |            |  |                        |
| ITLE           | D  | DELETE   | 2.11                       |        |  |  |            | Chang  | e 🔲 Addilio            |
| lame .         | MCMURTRY, RAY D  |  | 2.21                       | IAME   |  |  |            |  |                        |
| STREET ADDRESS | 5728 CROWN DRIVE   |  | 2.3 9                      | TREET  | ADDRESS  |  |            |  |                        |
| CITY-ST-7/P    | MIRA LOMA CA   |  |                            | CITY-S |  |  |            |  |                        |
| ITLE           | S  | DELETE   | 3.17                       |        |  |  |            | Chang  | e Additio              |
| IAME           | TARI, MEL  |  | 3.21                       | IAME   | 1  |  |            |  |                        |
| STREET ADDRESS | 25178 DANA BIRCH   |  | 8.3 5                      | TREET  | ADDRESS  |  |            |  |                        |
| CITY-ST-ZIP    | DANA POINT CA  |  | 3.4.                       | CITY-S | ST-ZIP   |  |            |  |                        |
| TILE           | T  | DELETE   |                            | ITLE   |  |  |            | Chang  | e 🔲 Additio            |
| IAME           | SMITH, ED  |  | 4.2                        | NAME   | }  |  |            |  |                        |
| STREET ADDRESS | 16721 AMBERWOOD WAY  |  | 4.3 5                      | TREET  | ADDRESS  |  |            |  |                        |
| DITY-ST-ZIP    | CERRITOS CA  |  | 4.40                       | XTY-S  | T- ZIP   | · .  |            |  |                        |
| iīLE           | D  | DELETE   | 5.17                       | ITLE   |  |  |            | Chang  | e Additio              |
| IAME           | NOVELLI, RAY   |  | 5.21                       | ME     |  |  |            |  |                        |
| STREET ADDRESS | 21 LINDA ISLE  |  | 5.3 9                      | STREET | ADDRESS  |  |            |  |                        |
| CITY-ST-ZIP    | NEWPORT BEACH CA   |  | 5.410                      | CITY-S | T- ZIP   |  |            |  |                        |
| ITLÉ           | D  | DELETE   | 6.11                       | ITLE   |  |  |            | Chang  | e 🔲 Additio            |
| NAME           | SAMULAND KEN   |  | 621                        | MALIE  | ì  |  |            |  |                        |

8.67.55

14. I do 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 an attachment with an appears.

7900 PRINCESS DR.#2175

SANTA MARGARITA CA SCOTTSDALE.