

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 APR -3 PM 6:11

DOCUMENT # **N11514** (9)

1. Corporation Name  
**JUBILEE CHRISTIAN CENTER, INC.**

Principal Place of Business      Mailing Address  
**420 NORWOOD AVENUE**      **420 NORWOOD AVENUE**  
**P. O. BOX 373164**      **P. O. BOX 373164**  
**SATELLITE BEACH FL 32937-3164**      **SATELLITE BEACH FL 32937-3164**  
**US**      **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/07/1985**      **04/22/1984**

4. FEI Number      Applied For  
**59-2578349**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status       **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       **NO**

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

9. Name and Address of Current Registered Agent  
**BLACK, GERALD M.**  
**420 NORWOOD AVE.**  
**SATELLITE BCH. FL 32937**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City      B5 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PO</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACK, GERALD M.</b>	1.2 NAME	
STREET ADDRESS	<b>420 NORWOOD AVENUE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SATELLITE BEACH FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>STD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACK, PATRICIA L.</b>	2.2 NAME	
STREET ADDRESS	<b>420 NORWOOD AVENUE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SATELLITE BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCLARTY, JAN</b>	3.2 NAME	
STREET ADDRESS	<b>1435 HAGEN LANE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ROCKLEDGE FL</b>	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANKLIN, TIM</b>	4.2 NAME	
STREET ADDRESS	<b>345 BAYHEAD DRIVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MELBOURNE FL</b>	4.4 CITY - ST - ZIP	
TITLE		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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, director 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 or on an attachment with an address.

SIGNATURE: *[Signature]* **JAN C. MCLARTY**      3/28/95      407/693-2046  
Signature and typed or printed name of signing officer or director