

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 # N11514 (9)

1. Corporation Name

JUBILEE CHRISTIAN CENTER, INC.



Principal Place of Business

Mailing Address

420 NORWOOD AVENUE
P. O. BOX 373164
SATELLITE BEACH FL 32937-3164
US

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P. O. BOX 373164
SATELLITE BEACH FL 32937-3164
US

3. Date Incorporated or Qualified
10/07/1985

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21 **420 NORWOOD AVE.**

26 **P.O. Box 373164**

4. FEI Number

59-2578349

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **P.O. Box 373164**

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 **SATELLITE BEACH**

28 **SATELLITE BEACH FL.**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **32937-3164** 25 **U.S.**

29 **32937**

30 **U.S.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLACK, GERALD M.
420 NORWOOD AVE.
SATELLITE BCH. FL 32937**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PD BLACK, GERALD M.**
STREET ADDRESS **420 NORWOOD AVENUE**
CITY-ST-ZIP **SATELLITE BEACH FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **STD BLACK, PATRICIA L.**
STREET ADDRESS **420 NORWOOD AVENUE**
CITY-ST-ZIP **SATELLITE BEACH FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME **D MCLARTY, JAN**
STREET ADDRESS **1435 HAGEN LANE**
CITY-ST-ZIP **ROCKLEDGE FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME **D FRANKLIN, TIM**
STREET ADDRESS **345 BAYHEAD DRIVE**
CITY-ST-ZIP **MELBOURNE FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN O. MCLARTY

4/10/96

407/633-2046

Date

Daytime Phone #

CR2E037 (12/95)