

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:17

DOCUMENT # **N20700 (3)**
1. Corporation Name
JESUS CHRIST OUTREACH MINISTRIES, INCORPORATED

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
% KENNETH A. WIPPEL 3425 N. CLUBCREST AVE., #2 CINCINNATI OH 45209		% KENNETH A. WIPPEL 3425 N. CLUBCREST AVE., #2 CINCINNATI OH 45209		3. Date Incorporated or Qualified 05/18/1987	
		3a. Date of Last Report 03/23/1994		4. FEI Number 31-1223889	
				Applied For Not Applicable	

2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired	
21 104 Elm Street City & State Henderson, NV 89015		26 104 Elm Street City & State Henderson, NV 89015		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22 104 Elm Street City & State Henderson, NV 89015		27 P.O. Box 61643 City & State Boulder City, NV 89006		6. Election Campaigns Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Henderson, NV City & State 89015		28 Henderson, NV City & State 1643		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
24 89015		25 USA		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TUTHILL, JAMES M. SUITE 1010 1555 PALM BEACH LAKES BLVD. WEST PALM BEACH FL				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 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 _____
 Signature: Typed or printed name of registered agent (not filed if applicable) (If III) Registered Agent signature (not filed if applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	STD	11 TITLE	S-TD
NAME	WIPPEL, SUSAN A.	12 NAME	Wippel, Susan A
STREET ADDRESS	4210 LOWERY AVE # 3	13 STREET ADDRESS	104 Elm Street
CITY ST ZIP	CINCINNATI OH	14 CITY ST ZIP	Henderson, NV 89015
TITLE	PD	21 TITLE	PD
NAME	WHIPPEL, KENNETH A.	22 NAME	Wippel Kenneth A
STREET ADDRESS	4210 LOWERY AVE # 3	23 STREET ADDRESS	104 Elm Street
CITY ST ZIP	CINCINNATI OH	24 CITY ST ZIP	Henderson, NV 89015
TITLE	D	31 TITLE	
NAME	CARTER, NELLIE	32 NAME	
STREET ADDRESS	420 NW 3RD STREET	33 STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL	34 CITY ST ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 199.032(4)(b), 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 197, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Susan A Wippel - Susan A Wippel 2/14/95 1-702-515-8656
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR