

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 # N20700
1. Corporation Name
Jesus Christ Outreach Ministries Inc.

Principal Place of Business Mailing Address
**1100 North Center Street # 2325
Henderson, Nevada 89015**

3. Date Incorporated or Qualified **MAY 18, 1987** 3a. Date of Last Report **Feb 27, 1995**

2. Principal Place of Business 2a. Mailing Address
21 **1100 North Center St** 26 **← SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **# 2325** 27 **←**
City & State City & State
23 **Henderson, Nevada** 28 **←**
Zip Country Zip Country
24 **89015** 25 **CLARK** 29 **←** 30 **USA**

4. FEI Number **31-1223889** Applied For 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**James Tuthill
2161 Palm Beach Lakes Blvd
West Palm Beach, Florida
33409**

10. Name and Address of New Registered Agent
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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Kenneth A Wippel	
STREET ADDRESS	1100 North Center St # 2325	
CITY-ST-ZIP	Henderson, Nevada 89015	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	of Address
1.3 STREET ADDRESS	→
1.4 CITY-ST-ZIP	
2.1 TITLE	Secretary-Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Susan A Wippel of Address
2.3 STREET ADDRESS	1100 North Center St # 2325
2.4 CITY-ST-ZIP	Henderson, Nevada 89015
3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nellie Carter (CARTER) of Address
3.3 STREET ADDRESS	West 17th Ave # 1704
3.4 CITY-ST-ZIP	Boynton Beach, Florida 33461
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	7000001748787
5.3 STREET ADDRESS	-03/19/96--01048--002
5.4 CITY-ST-ZIP	***70.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Susan A Wippel** 3/16/96 1-702-565-1758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CS 3-19-96

CR2E037 (12/95)