

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

**FILED**

**Mar 31 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **N20700**  
 1. Corporation Name  
**Jesus Christ Outreach Ministries**

Principal Place of Business Mailing Address  
**2225 Quatman Ave #2**  
**Norwood, Ohio 45212**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>MAY 18, 1987</b>	3a. Date of Last Report <b>3/19/96</b>
21		26		4. FEI Number <b>31-1223889</b>	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <b>X</b>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <b>NO</b>	<b>\$5.00</b> May Be Added to Fees
24	Zip	25	Country <b>USA</b>	29	Zip
				30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**James M. Tutthill**  
**1555 Palm Beach Lakes Blvd**  
**Suite 1010**  
**West Palm Beach, Florida**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>Kenneth Wippel</b> of address
STREET ADDRESS		1.3 STREET ADDRESS	<b>2225 Quatman Ave #2</b>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	<b>Norwood - Ohio 45212</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>Susan Wippel</b> of address
STREET ADDRESS		2.3 STREET ADDRESS	<b>2225 Quatman Ave #2</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>Norwood, Ohio 45212</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>Nellie Carter</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>420 NW 3rd Street</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>Boynton Beach, Florida 33435</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>400002128624</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-03/31/97--01098--007</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>***70.00</b>

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 on an attachment with an address

SIGNATURE: **Kenneth A. Wippel** Date: **3/22/97** Daytime Phone #: **1-513-531-8140**

CR2E037 (9/96)