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Mar 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758773

1. Corporation Name
CHARLES RALEY MINISTRIES, INC.

Principal Place of Business 1350 E. LAKE RD. N. TARPON SPRGS. FL 34689	Mailing Address 1350 E. LAKE RD. N. TARPON SPRGS. FL 34689
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/16/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2212953
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent RALEY, CHARLES W 1350 E. LAKE RD. N. TARPON SPRGS. FL 34689	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
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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	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALEY, DOROTHY M	1.2 NAME	
STREET ADDRESS	1350 E. LAKE RD. N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRGS. FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALEY, JOHN H.	2.2 NAME	
STREET ADDRESS	6905 RIDGE TOP DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	PDC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALEY, CHARLES W	3.2 NAME	
STREET ADDRESS	1350 E. LAKE RD. N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRGS. FL	3.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALEY, MASON D.	4.2 NAME	V/D Raley, Mason D.
STREET ADDRESS	2612 FIVE FORKS CT.	4.3 STREET ADDRESS	1350 East Lake Road North
CITY-ST-ZIP	MIDDLEBURG FL	4.4 CITY-ST-ZIP	Tarpon Springs, FL. 34689
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KACHULIS, DAVID	5.2 NAME	
STREET ADDRESS	2187 CAMPUS DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALEY, DAVID C.	6.2 NAME	V/D Raley, David C.
STREET ADDRESS	4081 THOMASVILLE LN	6.3 STREET ADDRESS	6061 Knollwood Drive
CITY-ST-ZIP	MARIANNA FL	6.4 CITY-ST-ZIP	Ridge Manor, FL. 33523

14. I 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, with all other like empowered.

SIGNATURE: Charles W. Raley, Charles W. Raley, Pres 2-6-99 (727) 934-0058
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (11/98)