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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N27377 (3)

1. Corporation Name
LARRY MCFADDEN MINISTRIES, INC.

Principal Place of Business	Mailing Address
FIRST BAPTIST CHURCH 3701 L.B. MCLEOD RD ORLANDO FL 32805 US	3701 L.B. MCLEOD RD ORLANDO FL 32805 US

3. Date Incorporated or Qualified: 07/12/1988

4. FEI Number: 59-2905071 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1000 E. Robinson St	26 P.O. Box 531101
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip / Country 24 32801 / 25 USA	Zip / Country 29 32853-1101 / 30 US

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MANOR, TIMOTHY J.
215 NORTH EOLA DRIVE
ORLANDO FL 32801

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	MCKEE, AUDREY		1.2 NAME	McFadden, Larry	
STREET ADDRESS	5519 MEADOW PINE CT.		1.3 STREET ADDRESS	5208 Lake Margaret Dr.	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, FL,	
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCFADDEN, TERESA K.		2.2 NAME		
STREET ADDRESS	4514 WHEELHOUSE CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VICKERY, ROBERT M.		3.2 NAME		
STREET ADDRESS	301 SALVADOR SQUARE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCFADDEN, J.N.		4.2 NAME		
STREET ADDRESS	1215 LAKEVIEW CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	GREER SC		4.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ALBERT, BILL		5.2 NAME		
STREET ADDRESS	4508 HAYLOCK DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	DC	☒ Change ☐ Addition
NAME	ROBERTS, BOB		6.2 NAME	Roberts, Bob	
STREET ADDRESS	5168 FAIRWAY OAKS DR.		6.3 STREET ADDRESS	5168 Fairway Oaks Dr.	
CITY-ST-ZIP	WINDERMERE FL		6.4 CITY-ST-ZIP	Windermere, FL,	

CR2E037 (10/97)

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.

SIGNATURE: [signature] 2/6/98