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FILED
Feb 17, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-17-1999 90031 028 *****61.25

DOCUMENT # N94000004893

1. Corporation Name

RIPPY EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 6922
 CLEARWATER FL 34618

Mailing Address

P.O. BOX 6922
 CLEARWATER FL 34618



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/04/1994

4. FEI Number

59-3272654

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

9. Name and Address of Current Registered Agent

STERN, RANDY K
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

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

TITLE DELETE

NAME **D**
RIPPY, ARTHELENE
 STREET ADDRESS **2001 63RD AVE. NORTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE DELETE

NAME **D**
COFFMAN, MEREDITH
 STREET ADDRESS **11845 BRANCH MOORING**
 CITY-ST-ZIP **TAMPA FL 33635**

TITLE DELETE

NAME **D**
PRICE, BURDETTE
 STREET ADDRESS **10483 LONGWOD DRIVE**
 CITY-ST-ZIP **LARGO FL 34647**

TITLE DELETE

NAME **D**
RIPPY, MICHAEL
 STREET ADDRESS **8507 PLANTATION RIDGE ROAD**
 CITY-ST-ZIP **MONTGOMERY AL**

TITLE DELETE

NAME **D**
CRABTREE, DAVID
 STREET ADDRESS **30-A TYLER-PRENTICE RD.**
 CITY-ST-ZIP **WORCESTER MA 01605**

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99
 Date

727-535-5622
 Daytime Phone #

CR2E037 (1/98)