

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

**FILED**

**Feb 12 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000005624 (1)**  
1. Corporation Name  
**CREATION WORLDVIEW MINISTRIES, INC.**



Principal Place of Business <b>4698 HALL RD ORLANDO FL 32817</b>	Mailing Address <b>4698 HALL RD ORLANDO FL 32817</b>
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3. Date Incorporated or Qualified <b>11/15/1994</b>	
4. FEI Number <b>59-3279970</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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9. Name and Address of Current Registered Agent  
**MCMURTRY, GRADY  
4698 HALL RD  
ORLANDO FL 32817**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMURTRY, GRADY S</b>	1.2 NAME	
STREET ADDRESS	<b>4698 HALL RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENRY, THOMAS L</b>	2.2 NAME	
STREET ADDRESS	<b>6337 UNDINE WAY</b>	2.3 STREET ADDRESS	<b>3073 FLORAL WAY EAST</b>
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	2.4 CITY-ST-ZIP	<b>APPOPKA FL 32703</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONTE, VINCENT M</b>	3.2 NAME	
STREET ADDRESS	<b>383 REMINGTON DR</b>	3.3 STREET ADDRESS	<b>1011 N. LAKE SYBELIA DRIVE</b>
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	3.4 CITY-ST-ZIP	<b>MAITLAND FL 32751</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSTALKIEWICZ, CLARENCE J</b>	4.2 NAME	
STREET ADDRESS	<b>6 GROSS LN</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WATERTOWN ME 04901</b>	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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Grady S. McMurry* **GRADY S. MCMURTRY** 1-7-98 407-678-8234

CR2E037 (10/97)