FILE NOW: FILING FEE IS \$61.25

Mailing Address

P.O. BOX 651452 VERO BEACH FL 32965

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000000936 (2)

I AM MINISTRIES, INC.

Principal Place of Business

1031 18TH STEET VERO BEACH FL 32960

FILED Apr 06 1998 8:00am Secretary of State

			1117 98111 991	
3	Date Incorporated or Qualified	d		

02/19/1996

					4 EEL Number									
								- 1	4. FEI Number			A	pplied For	
									59 - 3354241_				lot Applicable	
	ace of Business	Address				T	E Contisionate of Chat is D			\$8.75	Additional			
21 1872	A CommEl	26 1872A COMMERCE AV.					5. Certificate of Status De	ssired			lequired			
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.					6. Election Campaign Fir	ancino		4	May Be			
22		27					Trust Fund Contributio	-		Added				
City & State City & State														
23 VERO	ERO BEACH FI. 28 VERO BEACH,					Fl.			7. Is this nonprofit corporation a homeowners association? Yes Mo					
Zip							Country 8. This corporation			or has pa	aid the curr	ent year in	ntangible	
24 32960	32960 25 FNOINN RIVER 29 33960 30 IN											Z No		
Name and Address of Current Registered Agent									10. Name and Address of	1 New Re	gistered	gent		
							81 Name							
COADY DAREDT R ID						82 Street Address (P.O. Box Number is Not Acceptable)								
•	Frary, Robert B Jr. 1937 42ND Ave.						Street Ad	dres	s (P.O. Box Number is Not	Acceptal	ble)			
					- H									
VERO BE	EACH FL 32960				l'	83							Ì	
						84	City					85 Zip	Code	
					1		~···				FL	30 ²¹		
11. Pursuant t	to the provisions of S	ections 617.0502 a	nd 617.1508	, Florida Statut	es, the ab	ove	-named c	orpora	ation submits this statemer	t for the I	ourpose of	changing	its registered	
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.														
agent. I a	m tamillar with, and a	iccept the obligation	ns of, Sectio	n 617.0503, FR	oride Statu	Jtes	•						ł	
SIGNATURE _														
	Signature, typed or printed n			He. (NOT		Ager	nt signature re	quired (when reinstating)	-0 05cu	DATE	0.05000		
12.		OFFICERS AND D	DIRECTORS		13.				ADDITIONS/CHANGES	TO OFFIC	CERS AND			
TITLE	D			L_ DELETE	1.1 7(7)	Lŧ	İ					☐ Change	☐ Addition	
HAME	green, bert				1.2 NA	ME	Į.							
STREET ADDRESS 414 22ND ST SE				1357			ADDRESS						[
CITY-ST-ZIP	VERO BEACH F				1.4 CIT									
TITLE	D DESCRIPTION	C OCOOL		DELETE	_		- £IF					Change	☐ Addition	
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NAME	MACDONALD, J				2.2 NA	MŁ								
STREET ADDRESS	1425 26TH AVE			2.3 \$			ADDRESS						J	
CITY - ST - ZIP	VERO BEACH F	L 32966			2.4 CII	TY-5	T- ZIP							
TITLE	D			DELETE	3.1 111	LE						Change	Addition	
NAME	COLLAR, BETTY	f .			3.2 NAJ	ME								
STREET ADDRESS	2243 4TH AVE						ADDRESS						ĺ	
	VERO BEACH F													
CITY-ST-ZIP		L DEGUE		DELETE	3.4. CIT		1-414					Change	Addition	
TITLE	0			CT DECEIE	4.1 TITI		-						LT MODITION	
NAME	ZIMMER, PAUL				4. 2 NA									
STREET ADORESS	2636 11TH CT				4.3 STF	REET	ADDRESS						j	
CITY-ST-ZIP	VERO BEACH F	L 32960			4.4 CIT	Y-SI	r- ZIP	_						
TITLE	D			DELETE	5.1 TITI	LE						Change	Addition	
NAME	FRARY, ROBER	T B JR.			5.2 NA	ME								
STREET ADDRESS	1937 42ND ST.						ADDRESS						ĺ	
1		n												
CITY-ST-ZIP	VERO BEACH F	L		T or cre	5.4 CIT	_	- ZIP					T 65	1 4 450	
TITLE				DELETE	6.1 117	LE	Ì					☐ Change	Addition	
NAME					6.2 NA	ME								
STREET ADDRESS					6.3 STF	REET	ADDRESS							
CITY-ST-ZIP					6.4 CIT									
	ertify that the informa	thiw beingque noite	this filing do	es not qualify f				in Se	ection 119.07(3)(i), Florida	Statutes	I further ce	rtify that th	e information	
indicated	on this annual report	or supplemental a	nnual report	is true and acc	curate and	the	at my sign	ature	shall have the same legal	effect as	if made un	der oath: t	hat I am an	

who also on this whole report or supplemental airbor is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a 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.