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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N96000000936

1. Corporation Name

I AM MINISTRIES, INC.

Principal Place of Business

1872A COMMERCE AVE
VERO BEACH FL 32960
US

Mailing Address

1872A COMMERCE AVE
VERO BEACH FL 32960
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/19/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3354241

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRARY, ROBERT B JR.
1937 42ND AVE.
VERO BEACH FL 32960

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
NAME GREEN, BERT
STREET ADDRESS 414 22ND ST SE
CITY-ST-ZIP VERO BEACH FL 32962

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

JAMES K. BAIRD Change Addition
1020 11TH PL.
VERO BEACH, FL 32960

TITLE D DELETE
NAME MACDONALD, JOAN
STREET ADDRESS 1425 26TH AVE
CITY-ST-ZIP VERO BEACH FL 32966

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

MAYNARD SWEIGARD Change Addition
P.O. BOX 729
ROSELAND, FL 32957

TITLE D DELETE
NAME COLLAR, BETTY
STREET ADDRESS 2243 4TH AVE SE
CITY-ST-ZIP VERO BEACH FL 32962

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE D DELETE
NAME ZIMMER, PAUL
STREET ADDRESS 2636 11TH CT
CITY-ST-ZIP VERO BEACH FL 32960

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

R. SETH MCCOY Change Addition
P.O. BOX 8201
VERO BEACH, FL 32963

TITLE D DELETE
NAME FRARY, ROBERT B JR.
STREET ADDRESS 1937 42ND ST.
CITY-ST-ZIP VERO BEACH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE *JAMES K. BAIRD* DELETE
NAME *JAMES K. BAIRD*
STREET ADDRESS *1020 11TH PL.*
CITY-ST-ZIP *VERO BEACH, FL 32960*

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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: *BETTY COLLAR*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

Daytime Phone #

CR2E037 (11/98)