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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N96000004066

1. Corporation Name
JOHN SHIVER MINISTRIES INC

Principal Place of Business	Mailing Address
619 ERIN WAY BROOKSVILLE FL 34601	619 ERIN WAY BROOKSVILLE FL 34601

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/02/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3396219 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SHIVER, JOHN D REV
619 ERIN WAY
BROOKSVILLE FL 34601

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	President	☐ Change ☐ Addition
NAME	SHIVER, JOHN D		1.2 NAME	John D. Shiver	
STREET ADDRESS	619 ERIN WAY		1.3 STREET ADDRESS	619 Erin Way, Brooksville, Fl.	
CITY-ST-ZIP	BROOKSVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHIVER, EVETTE D		2.2 NAME		
STREET ADDRESS	619 ERIN WAY		2.3 STREET ADDRESS	→ Same	
CITY-ST-ZIP	BROOKSVILLE FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	BLACK, STAN		3.2 NAME	Milford Gamble	
STREET ADDRESS	351 MARY ESTHER BLVD #5		3.3 STREET ADDRESS	2833 14th Place	
CITY-ST-ZIP	MARY ESTHER FL		3.4 CITY-ST-ZIP	Meridian, Mississippi 39305	
TITLE	T	☐ DELETE	4.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	LIPSCOM, BUFORD		4.2 NAME	Clark Richardson	
STREET ADDRESS	6003 CHANDELLE CR		4.3 STREET ADDRESS	225 Shirly Dr.	
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP	Columbus, Mississippi 39702	
TITLE	T	☐ DELETE	5.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	GRIFFITH, FRANK		5.2 NAME	Doris Gamble	
STREET ADDRESS	20573 COUNTY RD 12		5.3 STREET ADDRESS	2833 14th Place	
CITY-ST-ZIP	FOLEY AL		5.4 CITY-ST-ZIP	Meridian Mississippi 39305	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: John D. Shiver John D. Shiver 4/16/99 (352) 848-0548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)