

FILE NOW. FILING FEE AFTER MAY 1 TO ~~150.00~~ \$150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUL 13 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005738

1. Corporation Name
A Touch of God Ministries, INC

Principal Place of Business Mailing Address

c/o Harry G. Lyum
5834 5th Avenue South
St Petersburg, FL 33707

[Handwritten mark]

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	11/4/96	1/5/98
22. Suite, Apt #, etc	27. Suite, Apt #, etc	4. FEI Number	Applied For / Not Applicable
22	27	59-3432714	
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	<input type="checkbox"/>	
25. Country	30. Country	8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Harry G Lyum 5834 5th Avenue South St Petersburg, FL 33707		61. Name	
		62. Street Address (P.O. Box Number is Not Acceptable)	
		63.	
		64. City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harry G. Lyum	1.2 NAME	
STREET ADDRESS	5834 5th Avenue South	1.3 STREET ADDRESS	300002959623--3
CITY-STATE-ZIP	St Petersburg, FL 33707	1.4 CITY-STATE-ZIP	-08/13/99--01091--016
TITLE	DV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norman Russick	2.2 NAME	
STREET ADDRESS	8401 9th St. N. Suite B120	2.3 STREET ADDRESS	
CITY-STATE-ZIP	St Petersburg FL 33702	2.4 CITY-STATE-ZIP	
TITLE	DS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paolo Maria Lindsey	3.2 NAME	
STREET ADDRESS	6291 Bahia Del Mar Circle	3.3 STREET ADDRESS	
CITY-STATE-ZIP	Isla Del Sol 33712	3.4 CITY-STATE-ZIP	
TITLE	DT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wesley Chesser	4.2 NAME	
STREET ADDRESS	944 Alcazar Way S	4.3 STREET ADDRESS	
CITY-STATE-ZIP	St Petersburg FL 33705	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harry G. D. Lyum Date: 6/24/99 Daytime Phone #: 727 347 2798

CR2E034 (12/95)

Harry G. & Nancy H. Lyum
5834 - 5th avenue South
St. Petersburg, FL 33707
727-347-2798

June 23, 1999

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

I am writing on behalf of A Touch of God Ministries Inc. I have been ill for several months and I am just now catching up on the corporate paper work. As a result of my prolonged illness I was unable to file our annual report on time. I therefore ask you to waive any additional filing fees. Enclosed you will find the 1999 Annual Report for A Touch of God Ministries Inc. and our check in the amount of \$150. If you have any questions regarding this report please call me.

Sincerely,



Nancy H. Lyum, A Touch of God Ministries, Inc.

OK per andy