


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05, 1999 8:00am
Secretary of State

0019877

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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02-05-1999 90025 029 *****61.25

DOCUMENT # N97000001562

1. Corporation Name
RON PINKNEY EVANGELISTIC MINISTRIES, INC.

Principal Place of Business 37130 COUNTY RD 439 EUSTIS FL 32736	Mailing Address 37130 COUNTY RD 439 EUSTIS FL 32736
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/17/1997
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3442455
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PINKNEY, RONALD C 37130 COUNTY RD 439 EUSTIS FL 32736		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PINKNEY, RONALD C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINKNEY, RONALD C	1.2 NAME	
STREET ADDRESS	37130 COUNTY RD 439	1.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32736	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D PINKNEY, GREGORY D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINKNEY, GREGORY D	2.2 NAME	
STREET ADDRESS	37130 COUNTY RD 439	2.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32736	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D PINKNEY, H. JENISE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINKNEY, H. JENISE	3.2 NAME	
STREET ADDRESS	37130 COUNTY RD 439	3.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32736	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		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, with all other like empowered.

SIGNATURE: Ronald C Pinkney **REQUIRED** 1-4-99 352 357896
Date Daytime Phone #