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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N97000001874 (3)

Amendment Filed 12/08/97
Amended - 12/15/97
Letter No. 197A00058538

1. Corporation Name

MASIHI MEDIA MINISTRIES, INC.

MASIHI MEDIA MINISTRY CHURCH, INC.

Principal Place of Business	Mailing Address
P O BOX 607358 ORLANDO FL 32860-7358	P O BOX 607358 ORLANDO FL 32860-7358

3. Date Incorporated or Qualified: 04/03/1997

4. FEI Number: 59-3444259 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: 6239 Edgewater Drive	2a. Mailing Address 26:
Suite, Apt. #, etc. 22: VI - Suite 7	Suite, Apt. #, etc. 27:
City & State 23: ORLANDO, FLORIDA	City & State 28:
Zip 24: 32810 Country 25: USA	Zip 29: Country 30:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CALEB, BENEDICT
4110 ROSE PETAL LANE
ORLANDO FL FL328-08

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		☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☐ Addition
TITLE			1.1 TITLE	P/D.	
NAME			1.2 NAME	Rev. Benedict D. Caleb	
STREET ADDRESS			1.3 STREET ADDRESS	4110 Rose Petal Lane	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Orlando, FL. 32808	
TITLE		☐ DELETE	2.1 TITLE V/D	Mrs. Jasmine D. Caleb	☐ Change ☐ Addition
NAME			2.2 NAME	4110 Rose Petal Lane	
STREET ADDRESS			2.3 STREET ADDRESS	Orlando, FL. 32808	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE S/D.	Rev. Agatha McCambridge	☐ Change ☒ Addition
NAME			3.2 NAME	4387 Real CT.	
STREET ADDRESS			3.3 STREET ADDRESS	Orlando, FL. 32808	
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE T/D.	Mrs. Jeanine Bartos	☐ Change ☒ Addition
NAME			4.2 NAME	355 Mantis Loop	
STREET ADDRESS			4.3 STREET ADDRESS	Apopka, FL. 32703	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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		

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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.

SIGNATURE: B.D. Caleb (BENEDICT D. CALEB) 4/20/98 407-294-5725