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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N97000001874

1. Corporation Name
MASIHI MEDIA MINISTRY CHURCH, Inc.

Principal Place of Business
6239 Edgewater Drive
Ste. E-5
Orlando, FL. 32810

Mailing Address
P.O. Box 607358
Orlando, FL.
32860-7358

2. Principal Place of Business
21 6239 Edgewater Drive
Suite, Apt. #, etc.
22 Ste. E-5
City & State
23 ORLANDO, FLORIDA
Zip 24 32810 Country 25 USA

2a. Mailing Address
26 P.O. Box 607358
Suite, Apt. #, etc.
27 —
City & State
28 Orlando, Florida
Zip 29 32860-7358 Country 30 USA

3. Date Incorporated or Qualified
04/03/1997

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

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

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

9. Name and Address of Current Registered Agent
Rev. BENEDICT CALEB — 4110 Rose Petal Ln. Orlando FL 32808
P.O. Box 607358
Orlando, FL-32860-7358

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Rev. Benedict Caleb 4110 Rose Petal Ln Orlando, FL. 32808 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D Rev. Benedict Caleb 4110 Rose Petal Lane Orlando, FL. 32808 ☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Rev. Harold McCambridge 3978 Versailles Drive Orlando, FL. 32808 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V/D Rev. Harold McCambridge 3978 Versailles Drive Orlando, FL. 32808 ☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Mrs. Mildred Pastore 147 Golf Club Drive Longwood, FL-32779 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D/S MRS. MILDRED PASTORE 147 GOLF CLUB DR. LONGWOOD FL 32779 ☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Add

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: B Z Caleb (BENEDICT CALEB). 6/14/99 407-578-7056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #