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Mar 16, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003006

1. Corporation Name
CYPRESS CREEK MINISTRIES, INC.

Principal Place of Business 1776 MACEDONIA ROAD P.O. BOX 496 ALFORD FL 32420	Mailing Address 1776 MACEDONIA ROAD P.O. BOX 496 ALFORD FL 32420
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2. Principal Place of Business 21 1772 Macedonia Road Suite, Apt. #, etc. 22 P.O. Box 496 City & State 23 Alford, FL Zip 24 32420 Country 25 USA	Za. Mailing Address 26 1772 Macedonia Road Suite, Apt. #, etc. 27 P.O. Box 496 City & State 28 Alford, FL Zip 29 32420 Country 30 USA	3. Date Incorporated or Qualified 05/23/1997
		4. FEI Number 59-3042600 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent VICKERY, JAMES 1796 ORANGE HILL ROAD CHIPLEY FL 32428	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME DILMORE, J W	1.2 NAME
STREET ADDRESS 788 MILL ROAD	1.3 STREET ADDRESS	CITY-ST-ZIP ALFORD FL 32420	1.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME VICKERY, WILLIAM L	Director
STREET ADDRESS P. O. BOX 44 N/A	2.2 NAME Tom Garten	CITY-ST-ZIP ALFORD FL 32420	P.O. Box 104
TITLE D <input type="checkbox"/> DELETE	2.3 STREET ADDRESS Alford, FL 32420	STREET ADDRESS	
STREET ADDRESS 739 MILL ROAD	2.4 CITY-ST-ZIP	CITY-ST-ZIP ALFORD FL 32420	
TITLE D <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME WARREN, JIM	
STREET ADDRESS 2018 BROCK RD	3.2 NAME	CITY-ST-ZIP COTTONDALE FL 32431	
TITLE D <input type="checkbox"/> DELETE	3.3 STREET ADDRESS	STREET ADDRESS	
STREET ADDRESS P. O. BOX 564 N/A	3.4 CITY-ST-ZIP	CITY-ST-ZIP ALFORD FL 32420	
TITLE D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME WATSON, RUSSELL	
STREET ADDRESS P. O. BOX 564 N/A	4.2 NAME	CITY-ST-ZIP ALFORD FL 32420	
TITLE D <input type="checkbox"/> DELETE	4.3 STREET ADDRESS	STREET ADDRESS	
STREET ADDRESS P. O. BOX 564 N/A	4.4 CITY-ST-ZIP	CITY-ST-ZIP ALFORD FL 32420	
TITLE D <input type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME WATSON, RUSSELL	Director
STREET ADDRESS P. O. BOX 564 N/A	5.2 NAME Gary Wheeler	CITY-ST-ZIP ALFORD FL 32420	P.O. Box 65
TITLE D <input type="checkbox"/> DELETE	5.3 STREET ADDRESS	STREET ADDRESS	
STREET ADDRESS P. O. BOX 564 N/A	5.4 CITY-ST-ZIP	CITY-ST-ZIP ALFORD FL 32420	
TITLE D <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME VICKERY, JAMES	President
STREET ADDRESS P. O. BOX 564 N/A	6.2 NAME James Vickery	CITY-ST-ZIP ALFORD FL 32420	1796 Orange Hill Road
STREET ADDRESS P. O. BOX 564 N/A	6.3 STREET ADDRESS	STREET ADDRESS	Chipley, FL 32428
CITY-ST-ZIP ALFORD FL 32420	6.4 CITY-ST-ZIP	CITY-ST-ZIP ALFORD FL 32420	

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: J. Vickery SIGNATURE REQUIRED: James Vickery P 02/03/99 850-638-7855

CR2E037 (11/98)