

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER DECEMBER 31, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**

98 DEC 10 AM 9:31



**DOCUMENT # N97000003234 (8)**

1. Corporation Name  
**SAVE OUR CITIES AND HEAL THIS LAND MINISTRIES, INC.**

Principal Place of Business Mailing Address  
 209 OSCEOLA ST TALLAHASSEE FL 32301  
 209 OSCEOLA ST TALLAHASSEE FL 32301

3. Date Incorporated or Qualified  
**06/04/1997**

4. FEI Number Applied For  
**59-3432923** Not Applicable

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country 28 Zip Country  
 24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing  \$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

**REINSTATEMENT 98-12/11/98**

9. Name and Address of Current Registered Agent  
**FORD, ANNETTE H**  
**209 OSCEOLA ST**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
 81 Name **Annette Hale Ford**  
 82 Street Address (P.O. Box Number is Not Acceptable) **209 Osceola Street**  
 83  
 84 City **Tallahassee** FL 85 Zip Code **32301**

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: **Annette Hale Ford** **Annette Hale Ford** DATE: **Dec 1, 1998**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FORD, ANNETTE H	
STREET ADDRESS	209 OSCEOLA ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	<del>VD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>WEBSTER, KIMBERLY G</del>	
STREET ADDRESS	<del>209 OSCEOLA ST</del>	
CITY-ST-ZIP	<del>TALLAHASSEE FL 32301</del>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HALE, LILLIE R	
STREET ADDRESS	209 OSCEOLA ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	<del>FORD, EMMETT</del>	
STREET ADDRESS	<del>209 OSCEOLA ST</del>	
CITY-ST-ZIP	<del>TALLAHASSEE FL 32301</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>300002712133-1</b>
1.3 STREET ADDRESS	<b>-12/15/98-01003-007</b>
1.4 CITY-ST-ZIP	<b>***236.25 ***236.25</b>
2.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Jo Frances Forbes</b>
2.3 STREET ADDRESS	<b>Rt. 7, Box 928-A</b>
2.4 CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>FD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Hall, Barbara Jean</b>
4.3 STREET ADDRESS	<b>5695 Cypress Circle</b>
4.4 CITY-ST-ZIP	<b>Tallahassee, FL 32303</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: **Annette Hale Ford** **URED** DATE: **12/1/98** DAYTIME PHONE #: **(850) 222-1778**

0001335

CR2E037 (5/98)