


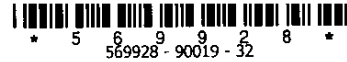
**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90073 030 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000003234**

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



Principal Place of Business 209 OSCEOLA ST TALLAHASSEE FL 32301	Mailing Address 209 OSCEOLA ST TALLAHASSEE FL 32301
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/04/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3432923
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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  FORD, ANNETTE 209 OSCEOLA ST TALLAHASSEE FL 32301	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
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, ANNETTE H 209 OSCEOLA ST TALLAHASSEE FL 32301 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORBES, JO FRANCES RT. 7 BOX 928-A TALLAHASSEE FL 32308 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALE, LILLIE R 209 OSCEOLA ST TALLAHASSEE FL 32301 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALL, BARBARA J 5695 CYPRESS CIRCLE TALLAHASSEE FL 32303 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member & P.A.S.D. Georgette P. Neeley 7233 Wymart Road Pensacola FL 32526 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Georgette P. Neeley 7233 Wymart Road Pensacola FL 32526 <input type="checkbox"/> Change <input type="checkbox"/> Addition Member & Assistant Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member & Committee Chair person Sylvia V. Collier 1465 Goodwood Court Tallahassee FL 32303 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Sylvia V. Collier 1465 Goodwood Court Tallahassee FL 32303 <input type="checkbox"/> Change <input type="checkbox"/> Addition Member & Committee Chairperson

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 lists empowered.

SIGNATURE: *Annette H. Ford* / *Katherine Harris* / *Stale Ford*      Date: *04/12/99*      Daytime Phone #: *850 222-1778*

CR2E037 (1/198)