


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90115 049 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000000686**

1. Corporation Name  
**A VERY PRESENT HELP MINISTRIES, INC.**

Principal Place of Business 1603 N 58TH AVE PENSACOLA FL 32506	Mailing Address 1603 N 58TH AVE PENSACOLA FL 32506
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/05/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3500224 Applied For Not Applicable
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				10. Name and Address of New Registered Agent			
HARRIS, JULIAN A JR 2090 N PALAFOX ST PENSACOLA FL 32501				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 checked="" type="checkbox"/> Addition
NAME	HERRING, JOSEPH L	1.2 NAME	Rev. Jerome Herring
STREET ADDRESS	1705 N 6TH AVE	1.3 STREET ADDRESS	6028 Chicago Av
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP	Pensacola, FL 32540
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOZEMAN, SOLOMON D	2.2 NAME	
STREET ADDRESS	7834 DARTMOOR DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD, DOROTHY	3.2 NAME	
STREET ADDRESS	5705 KEYSTONE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, OLIVER	4.2 NAME	
STREET ADDRESS	5705 KEYSTONE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRING, CARRIE	5.2 NAME	
STREET ADDRESS	1705 N 6TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOZEMAN, ROSALIND	6.2 NAME	
STREET ADDRESS	7834 DARTMOOR DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	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, with all other like information.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED / 01/02/99 850-453-5401  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (1/98)