

FILE NOW: FILING FEE IS \$61.25

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May 17, 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

DOCUMENT # **NA98000003434**
 1. Corporation Name
Glen Clark Ministries, Inc.

Principal Place of Business Mailing Address
3110 So. Turkey Creek Rd. 3110 So. Turkey Creek Rd.
Plant City, FL 33567-2069 Plant City, FL 33567-2069

21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	June 11, 1998
23	City & State	City & State	4. FEI Number
24	Zip	Zip	59-355 2325
25	Country	Country	Applied For
26			Not Applicable
27			5. Certificate of Status Desired <input type="checkbox"/>
28			\$8.75 Additional Fee Required
29			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
30			\$5.00 - May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Glen Clark (Carl S. Clark, jr.) 3110 So. Turkey Creek Rd. Plant City, FL 33567-2069				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 *Glen Clark (Carl S. Clark, jr.)*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clark, Glen	1.2 NAME	
STREET ADDRESS	3110 So. Turkey Creek Rd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Plant City, FL 33567-2069	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clark, Linda M.	2.2 NAME	
STREET ADDRESS	3110 So. Turkey Creek Rd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Plant City, FL 33567-2069	2.4 CITY-ST-ZIP	
TITLE	DYP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Jean E.	3.2 NAME	
STREET ADDRESS	127 N.E. 1st St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Satellite Beach, FL 32935	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keenan, Mary J	4.2 NAME	
STREET ADDRESS	P.O. Box 8726	4.3 STREET ADDRESS	
CITY-ST-ZIP	Lakeland, FL 33806-8726	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 empowered.

SIGNATURE: *Linda M. Clark* April 29, 1999 (813)754-1466
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)