

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR -5 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0072946

DOCUMENT # N98000006466

1. Corporation Name
THE CHARISMATIC BAPTIST CONFERENCE, INC.

Principal Place of Business: 11103 MANDARIN DR. CLERMONT FL 34711
Mailing Address: 11103 MANDARIN DR. CLERMONT FL 34711



21	2. Principal Place of Business	2a	Mailing Address	3	Date Incorporated or Qualified
	Suite, Apt. #, etc.	26	P.O. Box 121703		11/13/1998
22	City & State	27	Suite, Apt. #, etc.	4	FEI Number
					59-3547832
23	Zip	28	City & State	5	Certificate of Status Desired
			Clermont, FL		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Country	29	Zip	6	Election Campaign Financing Trust Fund Contribution
			34712-1703		<input type="checkbox"/> \$5.00 May Be Added to Fees
		30	Country		
			USA		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TINDELL, RICHARD W 11103 MANDARIN DR. CLERMONT FL 34711		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
			FL 85 Zip Code

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	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINDELL, RICHARD W	12 NAME	
STREET ADDRESS	11103 MANDARIN DR.	13 STREET ADDRESS	500002801335--2
CITY-ST-ZIP	CLERMONT FL 34711	14 CITY-ST-ZIP	-03/10/99--01095--012
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	*****70.00 *****70.00
NAME	TINDELL, MARJORIE R	22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11103 MANDARIN DR.	23 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, MICHAEL	32 NAME	
STREET ADDRESS	11329 SOONER DR.	33 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: _____ DATE: MAR 3 1999

CR2E037 (11/98)