

FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701410** (3)

1. Corporation Name

HIGHWAY MISSIONARIES INCORPORATED



Principal Place of Business 409 N. 2ND STREET- 307 Main St P. O. BOX 1488 PALATKA FL 32177-0000 32177-3719	Mailing Address 409 N. 2ND STREET- 307 Main St P. O. BOX 1488 PALATKA FL 32177-0000 32177-3719
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2. Principal Place of Business 21 307 MAIN STREET Suite, Apt. #, etc.	2a. Mailing Address 25 P.O. Box 1488 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip 24 32177-3719	28 Country 29 32178-1488

3. Date Incorporated or Qualified 09/08/1960
4. FEI Number 59-6166270
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MILLER, TWILA C 802 S 15TH ST PALATKA FL 32177
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	NAME	1.1 TITLE	Change Addition
STREET ADDRESS	1521 PRESIDENT	1.2 NAME	
CITY - ST - ZIP	PALATKA, FL 00000	1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
STREET ADDRESS	802 SOUTH 15TH ST.	2.2 NAME	
CITY - ST - ZIP	PALATKA, FL 00000	2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
STREET ADDRESS	802 SOUTH 15TH ST.	3.2 NAME	
CITY - ST - ZIP	PALATKA, FL 00000	3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
STREET ADDRESS	Gaffney, Virginia	4.2 NAME	
CITY - ST - ZIP	Rt 1 Box 310 - Bass Trail	4.3 STREET ADDRESS	
	Crescent, City, FL 32112	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		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: *Lurinda C. Miller* 4/3/98 904/325-7474

CR2E037 (10/97)