


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90012 024 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # 730887</b>					
1. Corporation Name <b>MINISTRIES IN ACTION, INC.</b>					
Principal Place of Business 13200 SW 128TH STREET SUITE D182 MAAMI FL 33186			Mailing Address PO BOX 140925 CORAL GABLES FL 33114-9810 US		



2. Principal Place of Business 21 10201 Bahia Drive Suite, Apt. #, etc. 22 Suite 10 City & State 23 Miami Florida Zip 24 33189 Country 25 U.S.A.		2a. Mailing Address 26 P.O. Box 571357 Suite, Apt. #, etc. 27 City & State 28 Miami, Florida Zip 29 33257-1357 Country 30 U.S.A.		3. Date Incorporated or Qualified 10/03/1974 4. FEI Number 59-1569112 Applied For Not Applicable	
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			

9. Name and Address of Current Registered Agent <b>MORGAN, CHARLES O. JR.</b> <b>1300 NW 167 STREET</b> <b>MIAMI FLORIDA FL 33169</b>				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

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	S	<input type="checkbox"/> DELETE		1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORAN, OSVALDO			1.2 NAME	MORAN, OSVALDO		
STREET ADDRESS	84525 NW 25 AVENUE			1.3 STREET ADDRESS	12180 SW 87th Avenue		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	Miami, FL 33176		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, E. WALFORD			2.2 NAME	THOMPSON, E. WALFORD		
STREET ADDRESS	14823 SW-74TH PLACE			2.3 STREET ADDRESS	12295 SW 151st Street, # 205		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	Miami, FL 33186		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COVALT, J DAVID			3.2 NAME	COVALT, DAVID		
STREET ADDRESS	13700 S BISCAYNE RIVER			3.3 STREET ADDRESS	25845 Glen Eagle Drive		
CITY-ST-ZIP	MIAMI, FL 00000			3.4 CITY-ST-ZIP	Leesburg, FL 34748		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVELYN, PETER			4.2 NAME	EVELYN, PETER		
STREET ADDRESS	4855 SW 148TH COURT			4.3 STREET ADDRESS	551 Diplomat Court		
CITY-ST-ZIP	MIAMI FL 33155			4.4 CITY-ST-ZIP	Marco Island, FL 34145		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRICLOW, ROBERT			5.2 NAME	Other Directors remain as listed on		
STREET ADDRESS	9820 SW 157 TERRACE			5.3 STREET ADDRESS	1998 Annual Report		
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VASALLO, PETE			6.2 NAME			
STREET ADDRESS	14035 SW 72ND AVENUE			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			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:

*E. Walford Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99  
Date

(305) 234-7855  
Daytime Phone #

CR2E037 (11/98)