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
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90114 019 ****61.25

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DOCUMENT # 733018

1. Corporation Name
BOBBY BURNETTE MINISTRIES, INC.

Principal Place of Business	Mailing Address
4100 CORPORATE SQUARE 149 NAPLES FL 33942 US	4100 CORPORATE SQUARE 149 NAPLES FL 33942 US

2. Principal Place of Business 21 4172-A CORP. SQ	2a. Mailing Address 26 P.O. BOX 11000	3. Date Incorporated or Qualifed 06/10/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1680662 ☐ Applied For ☐ Not Applicable
City & State 23 NAPLES	City & State 28 Naples, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 FLA 25 34104	Zip / Country 29 34101 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BURNETTE, ROBERT B ~~4100 CORPORATE SQUARE, SUITE 149~~ 4172-A CORP. SQ ~~STE G~~ NAPLES, FL 34104 ~~NAPLES FL 33942~~	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	VP.	☐ Change ☐ Addition
NAME	BURNETTE, SHARYN L		1.2 NAME	BURNETTE, SHARYN L.	
STREET ADDRESS	~~4100 CORPORATE SQUARE, SUITE 149~~		1.3 STREET ADDRESS	4172-A CORP. SQ	
CITY-ST-ZIP	~~NAPLES~~ FL		1.4 CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	PD	☐ DELETE	2.1 TITLE	P.D	☐ Change ☐ Addition
NAME	BURNETTR, ROBERT B		2.2 NAME	BURNETTE, ROBERT B.	
STREET ADDRESS	~~4100 CORPORATE SQUARE, SUITE~~ 149		2.3 STREET ADDRESS	4172-A CORPORATE SQ	
CITY-ST-ZIP	~~NAPLES~~ FL		2.4 CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARNER, MARIAN		3.2 NAME		
STREET ADDRESS	155 NEEDLE BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Sharyn Burnette SIGNED V.P. 1-7-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #