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Jan 25, 1999 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 740624

1. Corporation Name

J.O. MCLEOD EVANGELISTIC MINISTRIES, INC.

Principal Place of Business

2425 DEERWOOD LANE
P O BOX 5147
ST AUGUSTINE FL 32085-2147

Mailing Address

2425 DEERWOOD LANE
P O BOX 5147
ST AUGUSTINE FL 32085-2147

01-25-1999 90021 021 *****70.00



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/26/1977	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1782729	
24 Country		29 Country		5. Certificate of Status Desired	
				X \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

J.O. MCLEOD
2425 DEERWOOD LANE
ST. AUGUSTINE FL 32085

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

FL

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	VD	1.1 TITLE	10/26/1977
NAME	DORCEY, RANDOLPH B	1.2 NAME	
STREET ADDRESS	7001 GREEN ACRE LANE	1.3 STREET ADDRESS	59-1782729
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	MCLEOD, GWEN S.	2.2 NAME	
STREET ADDRESS	2425 DEERWOOD LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	MCLEOD, J.O.	3.2 NAME	
STREET ADDRESS	2425 DEERWOOD LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Gwen S. McLeod* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 5, 1999 (904)359-1549

Date

Daytime Phone #

CR2E037 (1/98)