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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMEN OF STATE

Sandra B. Mo

Secretary of S

DIVISION OF CORPO RATIONS

DOCUMENT #

(5)

REALITY MINISTRIES, INC.

FILED Jan 22 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address					m14 m4m11 m1M41 4	01011 B18(1 100)		
4670 LAKE LO		4670 LAKE LOWERY RD				3. Date Incorporated or Qualified				
HAINS CITY FI	_ 33844	HAINES CITY FL 33844 US				06/12/1980				
03		UO				4. FEI Number	A	pplied For		
						59-2013143	N	lot Applicable		
2. Principal P	Place of Business	2a. Mailing Address 26				5. Certificate of Status Desired S8.75 Additional Fee Required				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00	May Be		
22		27				Trust Fund Contribution				
City & Stat	e	City & State				7. Is this nonprofit corporation a homeowners association? Yes No				
Zip	Country	Zip Country				8. This corporation owes or has paid the current year Intanciple				
24	25	29 30				Personal Property Tax due June 30. 🔲 Yes 🛂 No				
	9. Name and Address of Curren	t Registered Agent		- I	N1	10. Name and Address of New Registered	Agent			
			8	rı	Name					
	ON, JAMES RANDALL KE LOWERY RD		82			ss (P.O. Box Number is Not Acceptable)				
	CITY FL 33844		83							
			8	4	City	FL	85 Zip	Code		
11. Pursuant	to the provisions of Sections 617,0502	2 and 617.1508, Florida Statu	tes, the abo	ve-	named corpo	ration submits this statement for the purpose of	f changing	its registered		
office or r agent. I a	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 ager	nt and title if applicable. (NO	FE: Registered A	Igeni	t signature required	d when reinstating) DATE				
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	STD	☐ DELETE	1.1 TITLE	•			Change	L Addition		
NAME	JOHNSON, BETTY J.		1.2 NAM	E						
STREET ADDRESS	4650 LAKE LOWRY RD.		1.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP	HAINES CITY FL		1.4 CITY		-ZIP					
TITLE	PD	☐ DELETE	2.1 TITLE				Change	☐ Addition		
NAME	JOHNSON, JAMES RANDALL		2.2 NAM	-						
STREET ADDRESS	4670 LAKE LOWERY RD		2.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP	HAINES CITY FL	- I not the	2. 4 CITY	_	- ZIP			T kaase		
TITLE	VD	DELETE	3,1 TITLE			•	L Change			
NAME	JHNSON, KITTRICK A		3.2 NAM							
STREET ADDRESS	4670 LAKE LOWERY RD		3.3 STRE		I					
CITY-ST-ZiP	ZOLFO SPRINGS FL	DELETE	3.4. CITY 4.1 TITLE		-ZIP		Change	Addition -		
TITLE		LI DELETE	4.1 SILLE				— Vilorige			
NAME STREET ADDRESS			4.2 NAM		DODECC	•		į		
CITY-ST-ZIP			4,3 SINE.					Ī		
TITLE		DELETE	5.1 TITLE		-217		Change	Addition		
NAME			5.2 NAME							
STREET ADDRESS			5.3 STRE		DOBESS					
CITY-ST-ZIP			5.4 CITY-							
TITLE		DELETE	6.1 TITLE		- Cit		Change	☐ Addition		
NAME			6.2 NAME			•	•			
STREET ADDRESS			6,3 STRE		DORESS					
CITY-ST-ZIP			6.4 CITY-							
	certify that the information supplied wit	h this filing does not qualify f				ection 119.07(3)(i), Florida Statutes. I further ce	ertify that the	information		

Indicated on this annual report or supplied with this imig does not quality for the exemptor stated in section 119.07(5)(), Florida Statutes. Thirdre denity that if 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.

CR2E037 (10/97)