

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 90092 030 ****70.00

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DOCUMENT # 752917

1. Corporation Name

REALITY MINISTRIES, INC.

Principal Place of Business

4670 LAKE LOWERY RD
HAINES CITY FL 33844
US

Mailing Address

P.O. BOX 1726
ZOLFO SPRINGS FL 33890
US



2. Principal Place of Business

21 1942 ST. RD. 66 E.

Suite, Apt. #, etc.

22

City & State

23 ZOLFO SPRINGS, FL

Zip

24 33890

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

06/12/1980

4. FEI Number

59-2013143

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

JOHNSON, JAMES RANDALL
4670 LAKE LOWERY RD
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

81 Name

JOHNSON, JAMES RANDALL

82 Street Address (P.O. Box Number is Not Acceptable)

1942 ST RD 66 E.

83

ZOLFO SPRINGS

84 City

FL

85 Zip Code

33890

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

James Randall Johnson

JAMES RANDALL JOHNSON

1/5/99

DATE

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

12.

OFFICERS AND DIRECTORS

TITLE STD ☐ DELETE

NAME JOHNSON, BETTY J.
STREET ADDRESS 4650 LAKE LOWRY RD.
CITY-ST-ZIP HAINES CITY FL

TITLE PD ☐ DELETE

NAME JOHNSON, JAMES RANDALL
STREET ADDRESS 4670 LAKE LOWERY RD
CITY-ST-ZIP HAINES CITY FL

TITLE VD ☐ DELETE

NAME JOHNSON, KITTRICK A
STREET ADDRESS 4670 LAKE LOWERY RD
CITY-ST-ZIP ZOLFO SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

STD
JOHNSON, BETTY J
1942 ST RD 66 E
ZOLFO SPRINGS, FL 33890

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

PD
JOHNSON, JAMES RANDALL
1942 ST RD 66 E.
ZOLFO SPRINGS, FL 33890

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

VD
JOHNSON, KITTRICK A
1942 ST RD 66 E.
ZOLFO SPRINGS, FL 33890

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

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, with all other like empowered.

SIGNATURE:

James Randall Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES RANDALL JOHNSON, 1/5/99 9417358600

CR2E037 (11/98)