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Sep 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764664 (9)
1. Corporation Name
ELIJAH BRYANT MINISTRIES, INC.



Principal Place of Business: 1806 NW 25TH AVENUE, OCALA FL 32675
Mailing Address: 7865 WEST HIGHWAY 40, LOT 170, OCALA FL 34482

3. Date Incorporated or Qualified: 08/23/1982
4. FEI Number: 59-2369580
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: BRYANT, J E APOSTLE, 1806 NW 25TH AVENUE, OCALA FL 32675

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRYANT, JULIUS E	
STREET ADDRESS	1806 NW 25TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRYANT, SANDRA DIANN	
STREET ADDRESS	1806 NW 25TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	YOUNG, BETHINE	
STREET ADDRESS	1806 NW 26TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	MED	<input type="checkbox"/> DELETE
NAME	SMITH, FRANK V	
STREET ADDRESS	2200 N.W. 30TH WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PID	<input type="checkbox"/> DELETE
NAME	RICHARDSON, CHARLES L.	
STREET ADDRESS	29 THE LAMMAS	
CITY-ST-ZIP	MUDFORD NO	
TITLE	RED	<input type="checkbox"/> DELETE
NAME	DOWDING, JEROLD C.	
STREET ADDRESS	5325 KIRTLAND TR	
CITY-ST-ZIP	SORENTO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: BRYANT, JULIUS E. 5/10/98 359-237-4425

CF2E037 (10/97)