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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002756

1. Corporation Name

LARRY JONES INTERNATIONAL MINISTRIES, INC.

Principal Place of Business

P.O. BOX 36
OKLAHOMA CITY OK 73101-0036

Mailing Address

P.O. BOX 36
OKLAHOMA CITY OK 73101-0036



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/14/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		73-6108657	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 25		29 30			

9. Name and Address of Current Registered Agent

GEEKER, VAN P
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

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	PTD	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, LARRY	1.2 NAME	Dwight Powers
STREET ADDRESS	333 N. MERIDIAN	1.3 STREET ADDRESS	1300 Irvine Drive
CITY-ST-ZIP	OKLAHOMA CITY OK 73107	1.4 CITY-ST-ZIP	Edmond, OK 73034
TITLE	SDVP	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, FRANCES	2.2 NAME	George Stevens
STREET ADDRESS	333 N. MERIDIAN	2.3 STREET ADDRESS	11716 Quail Creek Rd
CITY-ST-ZIP	OKLAHOMA CITY OK 73107	2.4 CITY-ST-ZIP	Okla. City, OK 73120
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEREN, REBA	3.2 NAME	
STREET ADDRESS	P.O. BOX 32841 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEREN, GENE	4.2 NAME	
STREET ADDRESS	PO BOX 32841 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK	4.4 CITY-ST-ZIP	
TITLE	VC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIFFEE, VIC	5.2 NAME	
STREET ADDRESS	P.O. BOX A N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	EL RENO OK	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUGG, DAN	6.2 NAME	
STREET ADDRESS	7200 NW 102ND	6.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK	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: *Larry Jones* **SIGNATURE: LARRY JONES, President** 1-21-99 405-942-0228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)