

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Morham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **F97000000385 (1)**

1. Corporation Name

**THE MISSIONARY CHURCH INTERNATIONAL, INCORPORATE**  
**D**

Principal Place of Business

Mailing Address

P.O. BOX 1761  
COLUMBIA SC 29202

P.O. BOX 1761  
COLUMBIA SC 29202

3. Date Incorporated or Qualified

**01/23/1997**

4. FEI Number

**62-1425557**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 224 S. SALUDA AVE**

**26 P.O. BOX 1761**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 COLUMBIA**

**27 COLUMBIA**

City & State

City & State

**23 COLUMBIA SC**

**28 COLUMBIA SC**

Zip

Country

Zip

Country

**24 29205**

**25 RICHLAND**

**29 29202**

**30 RICHLAND**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIZZO, VINCE REV.**  
**4708 E. 10TH AVE.**  
**TAMPA FL 33605-4710**

81 Name

**J. B. KELLY**

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

**2719 PINE RIDGE DR.**

83

84 City

**TITUSVILLE**

**FL**

85 Zip Code

**32780**

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

**J. B. KELLY**

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

**J. B. Kelly**

(NOTE: Registered Agent signature required when reinstating)

**1-9-98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>P T</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>COVINGTON, BENJAMIN H</b> |                                 |
| STREET ADDRESS | <b>222 S. SALUDA AVE.</b>    |                                 |
| CITY-ST-ZIP    | <b>COLUMBIA SC 29205</b>     |                                 |

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | <b>V T</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>LINDNER, ALAN</b>       |                                 |
| STREET ADDRESS | <b>7219 FROST AVE. #13</b> |                                 |
| CITY-ST-ZIP    | <b>COLUMBIA SC 29203</b>   |                                 |

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | <b>S T</b>                | <input type="checkbox"/> DELETE |
| NAME           | <b>COVINGTON, JUDIETH</b> |                                 |
| STREET ADDRESS | <b>222 S. SALUDA AVE.</b> |                                 |
| CITY-ST-ZIP    | <b>COLUMBIA SC 29205</b>  |                                 |

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>T</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>BRYANT, DERRYL</b>         |                                 |
| STREET ADDRESS | <b>1110 LEE CIRCLE</b>        |                                 |
| CITY-ST-ZIP    | <b>WEST COLUMBIA SC 29170</b> |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                    |   |
|--------------------|---|
| 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: **BISHOP B.H. COVINGTON Bishop B H Covington** 1-9-98

803-799-0502

CR2E037 (10/97)