
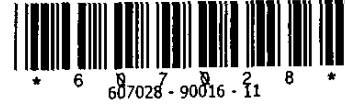


**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90299 028 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # F97000004780</b>					
<b>1. Corporation Name</b> <b>JOHN DAVIS MINISTRIES, INC.</b>					
<b>Principal Place of Business</b> 2600 MICHIGAN AVE #42-B PENSACOLA FL 32526 US			<b>Mailing Address</b> 2600 MICHIGAN AVE #42-B PENSACOLA FL 32526 US		



<b>2. Principal Place of Business</b> 21 3012 Ashbury Ln. Suite, Apt. #, etc.		<b>2a. Mailing Address</b> 26 P.O. Box 10430 Suite, Apt. #, etc.		<b>3. Date Incorporated or Qualified</b> 09/12/1997	
<b>22</b> City & State 23 Cantonment, FL Zip Country 24 32533 25 USA		<b>27</b> City & State 28 Pensacola, FL Zip Country 29 32524-0430 30 USA		<b>4. FEI Number</b> 42-1731034 <b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		<b>6. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees			

<b>9. Name and Address of Current Registered Agent</b> DAVIS, JOHN 2600 MICHIGAN AVE., #42B PENSACOLA FL 32526				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 P.O. Box 10430 3012 Ashbury Ln 84 City Cantonment FL 85 Zip Code 32533			
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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.

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)		<b>DATE</b>	
<b>12. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>CPTD</b> <b>DAVIS, JOHN</b> <b>8090 NO DAVIS HIGHWAY</b> <b>PENSACOLA FL 32514</b>	<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VD</b> <b>WETZEL, PAUL</b> <b>8612 BELLE MEADOW BLVD</b> <b>PENSACOLA FL 32514</b>	<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> <b>STONER, HARLAN</b> <b>3020 W 26TH</b> <b>JOPLIN MO 64806</b>	<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> DELETE	
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<b>P</b> <b>Davis, John</b> <b>P.O. Box 10430</b> <b>Pensacola, FL 32524-0430</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	<b>VID</b> <b>Wetzel, Paul</b> <b>8560 Westview Lane</b> <b>Pensacola, FL 32514</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<b>S/D</b> <b>Stoner, Harlan</b> <b>3012 Ashbury L.</b> <b>Cantonment, FL 32533</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<b>D</b> <b>Tom Fortner</b> <b>P.O. Box 43</b> <b>Norwood, MD 65717</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	<b>S</b> <b>Drenda Stoner</b> <b>3012 Ashbury Ln</b> <b>Cantonment, FL 32533</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

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:** *X [Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)