

FILE NOW: FILING FEE IS \$61.25

APPROVAL
AND
FILED

98 DEC 21 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	--

DOCUMENT # **F97000005388 (0)**

1. Corporation Name

DCM MINISTRIES, INC.

Principal Place of Business

Mailing Address

**405 TARRYTOWN ROAD #308
WHITE PLAINS NY 10607**

**405 TARRYTOWN ROAD #308
WHITE PLAINS NY 10607**



3. Date Incorporated or Qualified
10/14/1997

4. FEI Number

13-3945243

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

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 194 Katonah Avenue #201

27 194 Katonah Avenue #201

City & State

City & State

23 Katonah, New York

28 Katonah, New York

Zip Country

Zip Country

24 10536

29 10536

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MITCHELL, DOUGLAS C
810 EDGEMERE LANE
PALM BEACH GARDENS FL 33410**

81 Name

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

83

84 City

300002722313--7

-12/24/98-01084-007

*****236.25 ***236.25**

FL

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]

DOUGLAS C MITCHELL

11/18/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	MITCHELL, DOUGLAS C	
STREET ADDRESS	405 TARRYTOWN ROAD #308	
CITY-ST-ZIP	WHITE PLAINS NY 10607	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	MITCHELL, CHRISTINE K	
STREET ADDRESS	405 TARRYTOWN ROAD #308	
CITY-ST-ZIP	WHITE PLAINS NY 10607	

TITLE	TSD	<input type="checkbox"/> DELETE
NAME	WILSON, ALICE S	
STREET ADDRESS	204 GILLIES LANE	
CITY-ST-ZIP	NORWALK CT 06854	

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MITCHELL, DOUGLAS C	
1.3 STREET ADDRESS	194 Katonah Avenue #201	
1.4 CITY-ST-ZIP	Katonah, NY 10536	

2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MITCHELL, CHRISTINE K	
2.3 STREET ADDRESS	194 Katonah Avenue # 201	
2.4 CITY-ST-ZIP	Katonah, NY 10536	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CLEMENTZ, LINDA	
3.3 STREET ADDRESS	5612 East 89th Place	
3.4 CITY-ST-ZIP	Tulsa, OK 74137	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CLEMENTZ, MARK	
4.3 STREET ADDRESS	5612 East 89th Place	
4.4 CITY-ST-ZIP	Tulsa OK 74137	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MCGRATH, CLAYTON	
5.3 STREET ADDRESS	3531 Beach 57th Street	
5.4 CITY-ST-ZIP	Far Rockaway, NY 11692	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PACK, STEPHANIE A.	
6.3 STREET ADDRESS	1540 Chapel Hills Drive	
6.4 CITY-ST-ZIP	Colorado Springs, CO 80920	

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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS C MITCHELL

11/18/98

Date

Daytime Phone # 0079151

CR2E037 (10/97)