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Secretary of State

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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 # F97000005388

1. Corporation Name

DCM MINISTRIES, INC.

Principal Place of Business

Mailing Address

194 KATONAH AVENUE #201
KATONAH NY 10536

194 KATONAH AVENUE #201
KATONAH NY 10536



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/14/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		13-3945243	
24 Country		29 Country		30	
25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, DOUGLAS C
810 EDMERE LANE
PALM BEACH GARDENS FL 33410

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 printed name of registered agent and title if applicable.

DOUGLAS C. MITCHELL

3/21/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	D (there are 7 directors)
NAME	MITCHELL, DOUGLAS C	1.2 NAME	Stephanie A. Pack
STREET ADDRESS	194 KATONAH AVENUE #201	1.3 STREET ADDRESS	1540 Chapel Hills Drive
CITY-ST-ZIP	KATONAH NY 10536	1.4 CITY-ST-ZIP	Colorado Springs, CO 80920
TITLE	DV	2.1 TITLE	
NAME	MITCHELL, CHRISTINE K	2.2 NAME	
STREET ADDRESS	194 KATONAH AVENUE #201	2.3 STREET ADDRESS	
CITY-ST-ZIP	KATONAH NY 10536	2.4 CITY-ST-ZIP	
TITLE	TSD	3.1 TITLE	
NAME	WILSON, ALICE S	3.2 NAME	
STREET ADDRESS	204 GILLIES LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT 06854	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	CLEMENTZ, LINDA	4.2 NAME	
STREET ADDRESS	5612 EAST 89TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK 74137	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	CLEMENTZ, MARK	5.2 NAME	
STREET ADDRESS	5612 EAST 89TH PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK 74137	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MCGRATH, CLAYTON	6.2 NAME	
STREET ADDRESS	353 BEACH 57TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	FAR ROCKAWAY NY 11692	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:

Signature of Alice S. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alice S. Wilson

2-2-99

Date

Daytime Phone #

(203) 966-1272

CR2E037 (11/98)