


FILE NOW: FILING FEE IS \$61.25

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90113 036 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F98000003465</b>					
1. Corporation Name <b>SWORD OF THE LORD INTERNATIONAL MINISTRY, INC.</b>					
Principal Place of Business <b>1379 WINBURN DRIVE EASTPOINT GA 30344</b>			Mailing Address <b>1379 WINBURN DRIVE EASTPOINT GA 30344</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/18/1998</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>JACKSON, JOHN 2901 - N.W. 185TH STREET MIAMI FL 33056</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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	PCD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HALL, RANDY D			1.2 NAME			
STREET ADDRESS	808 FRANKLIN STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	ROANOKE AL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZACKERY, WILLIE			2.2 NAME			
STREET ADDRESS	49 WALLACE GRAY CIRCLE			2.3 STREET ADDRESS			
CITY-ST-ZIP	NEWNAN GA			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAGSTON, KIMBERLY			3.2 NAME			
STREET ADDRESS	1379 WINBURN DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	EASTPOINT GA			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHILLIPS, BETTY			4.2 NAME			
STREET ADDRESS	1010 TUCKAWANNA DR., SW			4.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HALL, AYNITA			5.2 NAME			
STREET ADDRESS	808 FRANKLIN STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	ROANOKE AL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRONG, CECIL			6.2 NAME			
STREET ADDRESS	1379 WINBURN DR.			6.3 STREET ADDRESS			
CITY-ST-ZIP	EASTPOINT GA			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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

04-20-99 404-762-9048