

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90060 047 ****61.25

DOCUMENT # F98000004705

1. Corporation Name

BOB L. PHILLIPS MINISTRIES, INC.

Principal Place of Business

PO BOX 37247
PENSACOLA FL 32526

Mailing Address

PO BOX 37247
PENSACOLA FL 32526



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/18/1998

4. FEI Number

75-2050178

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PHILLIPS, BOB L
~~5600 D NORTH W STREET~~ 2070 DOWNING DR,
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME PHILLIPS, BOB L
STREET ADDRESS ~~5600 D NORTH W STREET~~ 2070 DOWNING DR
CITY-ST-ZIP PENSACOLA FL 32505

TITLE S
NAME PHILLIPS, SHERRY
STREET ADDRESS ~~5600 D NORTH W STREET~~ 2070 DOWNING DR
CITY-ST-ZIP PENSACOLA FL 32505

TITLE VD
NAME MILLER, BONNIE
STREET ADDRESS 2216 SUNSET BLVD.
CITY-ST-ZIP HOUSTON TX 77005

TITLE TD
NAME AUVENSHINE, RON
STREET ADDRESS 111 BLANCROFT
CITY-ST-ZIP SUGAR LAND TX 77478

TITLE C
NAME KAMPOURIS, EMANUEL
STREET ADDRESS 30 E. 71ST STREET, APT. 5B
CITY-ST-ZIP NEW YORK NY 10021

TITLE D
NAME GEISELMAN, J M
STREET ADDRESS 2023 MASTERS LANE
CITY-ST-ZIP MISSOURI CITY TX 77459

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change 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: *Sherry Phillips* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

Date

850-4774-1123

Daytime Phone #

CR2F037 (11/98)