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**Feb 22, 1999 8:00 am**  
**Secretary of State**

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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
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**DOCUMENT # F98000006470**

1. Corporation Name

**SHALOM SCRIPTURE STUDIES, INC.**

Principal Place of Business

PO BOX 756  
NAPLES FL 34106

Mailing Address

PO BOX 756  
NAPLES FL 34106



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 P.O. BOX 60580	11/25/1998
22 City & State	27 Suite, Apt. #, etc.	4. FEI Number
23 Zip	28 SAVANNAH, GEORGIA	23-7429296
24 Country	29 31420	30
5. Certificate of Status Desired		Applied For
		Not Applicable
6. Election Campaign Financing		\$8.75 Additional
Trust Fund Contribution		Fee Required
		\$5.00 May Be
		Added to Fees

9. Name and Address of Current Registered Agent

**MOLLOY, JACK A REV.**  
**756 SOUTH 8TH AVE.**  
**NAPLES FL 34106**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	
NAME	HIDALGO, ELIAS E REV	1.2 NAME	
STREET ADDRESS	44-A LEE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA 31405	1.4 CITY-ST-ZIP	
TITLE	VVC	2.1 TITLE	
NAME	HIDALGO, ARI D	2.2 NAME	
STREET ADDRESS	12300 APACHE AVE #1403	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA 31419	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	
NAME	COONER, TOM	3.2 NAME	
STREET ADDRESS	5004 YORK AVE. SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55410	3.4 CITY-ST-ZIP	
TITLE	ATD	4.1 TITLE	
NAME	KNIBB, NATHAN REV	4.2 NAME	
STREET ADDRESS	6524 WALKER STREET #10	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS PARK MN 55426	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*Rev. Elias E. Hidalgo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REV. ELIAS E. HIDALGO

JANUARY 11, 1999 - 912-691-0709

Date Daytime Phone #

CR2E037 (11/98)