

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 20, 1999 8:00am
Secretary of State

01-20-1999 90004 018 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06230
1. Corporation Name
DAN HAWTREE EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business
2400 FOREST DR., BLDG. 6. APT 227
P.O. BOX 2756
INVERNESS FL 34451-2756
US
Mailing Address
2400 FOREST DR., BLDG. 6. APT 227
P.O. BOX 2756
INVERNESS FL 34451-2756
US



2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26
27
28
29
30
3. Date Incorporated or Qualified
11/19/1984
4. FEI Number
59-2894403
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
HAWTREE, DANIEL M
2400 FOREST DRIVE, BUILDING 6, APT. 227
INVERNESS FL 34451
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
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, 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 PD HAWTREE, DANIEL M
NAME HAWTREE, DANIEL M
STREET ADDRESS 2400 FOREST DR,BLG 6,227
CITY-ST-ZIP INVERNESS FL
TITLE VSD HAWTREE, PATRICIA J
NAME HAWTREE, PATRICIA J
STREET ADDRESS 2400 FOREST DR,BLG 6,227
CITY-ST-ZIP INVERNESS FL
TITLE D STEINHART, DAVID
NAME STEINHART, DAVID
STREET ADDRESS 1486 HUNDRED OAKS DRIVE
CITY-ST-ZIP FESTUS MO

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: Patricia J. Hawtree
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/4/99
Daytime Phone # 352-726-7043

CR2E037 (1/98)