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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N08137

1. Corporation Name
CLARENCE M. YATES MINISTRIES, INC.

Principal Place of Business
400 SOUTH DEERWOOD AVENUE
ORLANDO FL 32825

Mailing Address
400 SOUTH DEERWOOD AVENUE
ORLANDO FL 32825

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 03/14/1985
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-2530526 — Applied For / Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
YATES, CLARENCE M.
400 DEERWOOD AVENUE
ORLANDO FL 32825

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: C.M. Yates — 1-15-99
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	D	☐ DELETE
NAME	HARRELL, BOB	
STREET ADDRESS	5300 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	CD	☐ DELETE
NAME	TAYLOR, KEITH	
STREET ADDRESS	3621 NORTHGLENN DR	
CITY-ST-ZIP	ORLANDO FL 32806-7059	
TITLE	D	☐ DELETE
NAME	GRACE, PHILIP	
STREET ADDRESS	1850 LEE RD. SUITE 115	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	☐ DELETE
NAME	LANDRY, MACK	
STREET ADDRESS	200 SPRING RUN CIR	
CITY-ST-ZIP	LONGWOOD FL 32779-4971	
TITLE	D	☐ DELETE
NAME	SCOTT, TOM	
STREET ADDRESS	700 WESLEYAN DR	
CITY-ST-ZIP	MACON GA 31210	
TITLE	D	☐ DELETE
NAME	SCHLURAFF, JAMES	
STREET ADDRESS	1802 LAKE GROVE LANE	
CITY-ST-ZIP	ORLANDO FL 32806	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	☐ Change ☒ Addition
1.2 NAME	YATES, CHARLOTTE M.	
1.3 STREET ADDRESS	400 DEERWOOD AVE. ORLANDO FL	
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED — 1-15-98 (Date) — 407-273-0236 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Clarence M. Yates, President
Clarence M. Yates