


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

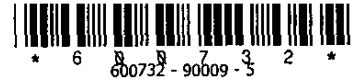
05-10-1999 90270 041 \*\*\*150.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N10417** ✓

1. Corporation Name  
**ROYALTY MINISTRIES, INC.**

Principal Place of Business 995 DELA BOSQUE BARTOW FL 33830 US	Mailing Address 995 DELA BOSQUE BARTOW FL 33830 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. - 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/24/1985 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent SMITH, DAVID B 5404-5 E. MICHIGAN ST ORLANDO FL 32812	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 995 De La Bosque 83 84 City Bartow 85 Zip Code FL 33830
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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 P NAME SMITH, DAVID B STREET ADDRESS 5404-5 E. MICHIGAN ST CITY-ST-ZIP ORLANDO FL 32812	<input type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME Smith, David B. 1.3 STREET ADDRESS 995 De La Bosque 1.4 CITY-ST-ZIP Bartow, FL 33830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME SMITH, CYNTHIA D STREET ADDRESS 5404-5 E. MICHIGAN ST CITY-ST-ZIP ORLANDO FL 32812	<input type="checkbox"/> DELETE	2.1 TITLE P-D Cynthia D. Smith 2.2 NAME 995 De La Bosque 2.3 STREET ADDRESS Bartow, FL 33830 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME JOURDAN, KEITH STREET ADDRESS 3525 SERENDIPITY HILLS TR CITY-ST-ZIP CORINTH TX 76205	<input type="checkbox"/> DELETE	3.1 TITLE V-D 3.2 NAME Jourdan, Keith 3.3 STREET ADDRESS 3525 Serendipity Hills Tr 3.4 CITY-ST-ZIP Corinth, TX 76520	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  CYNTHIA D. SMITH 7-22-99 (941) 519-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (5/99)

600732-90009-5  
N10417

July 20, 1999

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

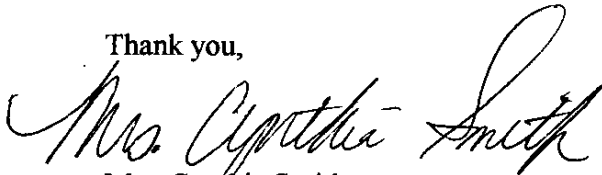
To Whom It May Concern:

This letter is to inform you the enclosed filing is a correction. We had requested a form for annual corporation and you sent us one for profit. Not realizing this I sent a check in the amount of \$150.00 on April 27, 1999 (which we have learned was a profit fee - we are non-profit).

I have requested a refund from your P.O. Box 6327 address for the difference.

If you should need to reach us, please call at (941) 519-5600.

Thank you,



Mrs. Cynthia Smith  
995 De La Bosque Ave.  
Bartow, FL 33830-6408

Enclosure: (2)