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Feb 16, 1999 8:00 am
Secretary of State

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CR2E037 (11/98)-

FOR DEPOSIT ONLY - 2/18/1999		FLORIDA DEPARTMENT OF STATE	
NONPROFIT 009068778		Katherine Harris	
1999 8 6 8		Secretary of State	
DOCUMENT # N11180		DIVISION OF CORPORATIONS	
1. Corporation Name			
CROWN MINISTRIES, INC.			
Principal Place of Business		Mailing Address	
530 CROWN OAK CENTRE DR.		530 CROWN OAK CENTRE DR.	
LONGWOOD FL 32750		LONGWOOD FL 32750	

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/19/1985	
21		26			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2635539	Applied For Not Applicable
22		27			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23		28			
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DAYTON, HOWARD L., JR. 530 CROWN OAK CENTRE DR LONGWOOD FL 32750		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City

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 NAME STREET ADDRESS CITY-ST-ZIP	V WHITE, JOHN 24014 OAKMONT WAY AUBURN CA	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAYTON, HOWARD L., JR. 272 VICTOR AVENUE LONGWOOD FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHILL, PAUL 1468 WILLIAMS DRIVE WINTER PARK FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUBBERS, WILLIAM 100 9TH AVE MIAMI BEACH FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCKWELL, ROBERT W 13451 MCGREGOR BLVD. SUITE 32 FT. MYERS FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD AMERMAN, MARK 1962 MAPLE LEAF DRIVE WINDERMERE FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____