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FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12587 (4)
 1. Corporation Name
STAN MCKIBBON MINISTRIES, INC.



Principal Place of Business 1729 DONEGAL DR CANTONMENT FL 32533 US	Mailing Address 1729 DONEGAL DR CANTONMENT FL 32533 US
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3. Date Incorporated or Qualified
12/17/1985

4. FEI Number
74-2375416

Applied For
 Not Applicable

2. Principal Place of Business 21 1729 DONEGAL DR Suite, Apt. #, etc.	2a. Mailing Address 26 1729 DONEGAL DR Suite, Apt. #, etc.
22 CANTONMENT FL City & State	27 CANTONMENT, FL City & State
23 32533 FLORIDA Zip	28 32533 Zip
24 U.S.A Country	29 U.S.A Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

MCKIBBON, WILLIAM STAN
1729 DONEGAL DR
CANTONMENT FL 32533

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

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 **WILLIAM STAN MCKIBBON** *William A. McElch* **04/29/94**
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	PD	<input type="checkbox"/> DELETE
NAME	MCKIBBON, WILLIAM STAN	
STREET ADDRESS	1729 DONEGAL DR	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCKIBBON, SHERLYN W.	
STREET ADDRESS	1729 DONEGAL DR	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	BROWN, ADELL	
STREET ADDRESS	#2 WHEATLEY SHOPPING CTR	
CITY-ST-ZIP	ST THOMAS VI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *William A. McElch* **04/29/98** **9681026**

CR2E037 (10/97)