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**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90054 002 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N20571**

1. Corporation Name  
**MARCO ISLAND MINISTRIES, INC.**

Principal Place of Business PO BOX 887 MARCO ISL FL 34146 US	Mailing Address PO BOX 887 MARCO ISL FL 34146 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/11/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>NOT APPLICABLE</b> Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**MCCULLEY, THOMAS C REV.**  
**% RHODES & TUCKER, ATTORNEYS**  
**950 N. COLLIER BLVD**  
**MARCO ISLAND FL 34145**

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 \_\_\_\_\_ (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	<b>P</b> <b>MCCULLEY, THOMAS C REV.</b> <b>1190 EMBER COURT</b> <b>MARCO ISLAND FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>Murphy, Frank</b> <b>1195 Twin Oak Court</b> <b>Marco Island FL 34145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FENIMORE, DONALD C</b> <b>921 S. COLLIER BLVD #101</b> <b>MARCO ISLAND FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>Kienlen, Thomas</b> <b>919 Flamingo Circle</b> <b>Marco Island FL 34145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>TWILLA, FRED</b> <b>921 MONTEGO COURT</b> <b>MARCO ISLAND FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROTHERTON, CHARLES</b> <b>1224 BLUEBIRD AVE</b> <b>MARCO ISLAND FL</b> <input checked="" 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	<b>D</b> <b>SIMMONS, ROBERT M.</b> <b>331 EDGEWATER CT</b> <b>MARCO ISLAND FL</b> <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	<b>D</b> <b>TRIBBLE, HENRY</b> <b>532 TALLWOOD ST</b> <b>MARCO ISLAND FL</b> <input checked="" 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: *Thomas C. McCulley* 7 May 99 941-394-4980  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)