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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90191 026 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N23180</b>					
1. Corporation Name <b>BOB NUTTING MINISTRIES, INC.</b>					
Principal Place of Business <b>%ROBERT E. NUTTING</b> <b>1801 S. ORANGE BLOSSOM TRAIL</b> <b>ORLANDO FL 32805</b>			Mailing Address <b>%ROBERT E. NUTTING</b> <b>1801 S. ORANGE BLOSSOM TRAIL</b> <b>ORLANDO FL 32805</b>		
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 <b>10/27/1987</b> 4. FEI Number <b>59-2855260</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/>	
Trust Fund Contribution		\$5.00 May Be Added to Fees		7. Name and Address of Current Registered Agent <b>NUTTING, ROBERT E.</b> <b>1801 S. ORANGE BLOSSOM TRAIL</b> <b>ORLANDO FL 32805</b>	
8. 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		9. 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP PD NUTTING, ROBERT E. 5400 BALBOA DRIVE ORLANDO FL D BROWN, SYDNEY E. 4608 JUDY COURT ORLANDO FL 32809 SD LILLY, GENE 184 ESCONDIDO ALTAMONTE SPRINGS FL D FLAGG, NORMAN 3317 TENNESSEE TR ORLANDO, FL F D BART, BIDDLE 3430 CULLEN LAKE DR ORLANDO FL VPD KAHN, WILLIAM R 3878 N LAKE ORLANDO PKWY ORLANDO FL			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE TREASURER - DIRECTOR 1.2 NAME MARTIN JOOSTE 1.3 STREET ADDRESS 5555 MISCHIEF AVE. 1.4 CITY-ST-ZIP ORLANDO, FL 32810 2.1 TITLE DIRECTOR 2.2 NAME PAUL SACHDEVIA 2.3 STREET ADDRESS 4209 ARBOR OAK CT 2.4 CITY-ST-ZIP ORLANDO, FL 32808 3.1 TITLE S.D. 3.2 NAME GENE LILLY 3.3 STREET ADDRESS ROUTE 487 3.4 CITY-ST-ZIP CAPE CANAVERAL, FL 32920 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE D. 5.2 NAME BART BIDDLE 5.3 STREET ADDRESS 3300 SET POINT DR. 5.4 CITY-ST-ZIP ORLANDO, FL 32809 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:** *Robert E. Nutting* **President** 2-6-99 407-843-7646  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)