

FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N23417 (1)**

1. Corporation Name  
**REX HUMBARD MINISTRY, INC.**



Principal Place of Business <b>P O BOX 3063 BOCA RATON FL 33431</b>	Mailing Address <b>P O BOX 3063 BOCA RATON FL 33431-0963</b>
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3. Date Incorporated or Qualified <b>11/12/1987</b>		3a. Date of Last Report <b>08/20/1996</b>	
21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0032337</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	28. Zip	29. Country
30. Zip	31. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>WHITE, JOHN II 1645 PALM BEACH LAKES BLVD. PENTHOUSE SUITE W. PALM BEACH FL 33401</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	<b>FL</b> 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	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUMBARD, REX E., SR.</b>	1.2 NAME	
STREET ADDRESS	<b>285-5 OCEANVIEW BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PACIFIC GROVE CA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUMBARD, REX E JR.</b>	2.2 NAME	
STREET ADDRESS	<b>3800 S CONGRESS #E</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUMBARD, DON R</b>	3.2 NAME	
STREET ADDRESS	<b>10909 TAMARISK TRAK</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONDEREE, DONN</b>	4.2 NAME	
STREET ADDRESS	<b>3271 SE COURT DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STEWART FL 34997</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONROE, PETER</b>	5.2 NAME	
STREET ADDRESS	<b>9300 HOLLY HILL FARM RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTE NC 28277</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COBB, CLYDE</b>	6.2 NAME	
STREET ADDRESS	<b>ROUTE 6, BOX 569</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HARRIMAN TN</b>	6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* ADV. HUMBARD, REX E. DOCUMENT # 44062 561.737 070

CR2E037 (9/96)