1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N23417 1. Corporation Name

REX HUMBARD MINISTRY, INC.

Principal Place of Business	;
P O BOX 3063	
DOCA DATON EL 22421	

Mailing Address

P O BOX 3063 **BOCA RATON FL 33431**

FILED Apr 15, 1999 8:00 am § Secretary of State

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Principal Place of Business Za. Mailing Address					3. Date Incorporated or Qualifed				
21		26			11/12/1987				
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number	<u> </u>	lied For		
22		27			65-0032337		Applicable		
City & State	Ð	City & State			5. Certificate of Status Desired	\$8.75 Ac			
Zip	Country		Country		6. Election Campaign Financing	\$5.00 N	May Be		
24	25 29 30				Trust Fund Contribution Added to Fees				
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registered A	gent			
			81	Name		•			
MUITE IOUN II				Ctroot Adden	Address (P.O. Box Number is Not Acceptable)				
WHITE, JOHN II Sadde (19 1645 PALM BÉACH LAKES BLVD.				Street Addre	3t Address (P.O. Box Number is Not Acceptable)				
			. 83						
PENTHOUSE SUITE]			
W. PALM BEACH FL 33401				City .	FL_	85 Zip C			
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									
oπice or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligatio	ns of, Section 617.0503, Florida	Statutes.		no bound of all bounds of the transfer and appears		1		
SIGNATURE									
	Signature, typed or printed name of registered agent a			t signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	2S IN 12		
12.	OFFICERS AND	BIRCOTOTO	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition		
TITLE	CD		1.1 TITLE			Change	[_] Addition		
NAME	HUMBARD, REX E.,SR.		1.2 NAME	1			ļ		
STREET ADDRESS	265-5 OCEANVIEW BLVD.		1.3 STREET	ADDRESS			ļ·		
CITY-ST-ZIP	PACIFIC GROVE CA		1.4 CITY-\$7	r-ZIP					
TITLE	PD	☐ DELETE	2.1 TITLE	Ì		☐ Change	☐ Addition		
NAME	HUMBARD, REX E JR.		2.2 NAME				ļ		
STREET ADDRESS	3600 S CONGRESS #E		2.3 STREET	ADDRESS					
CITY-ST-ZIP	BOYNTON BEACH FL	aria de la composición dela composición de la composición dela composición de la composición de la composición de la com	2.4 CITY-S	T-ZIP					
TITLE	DVP	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition		
NAME	HUMBARD, DON R	1	3.2 NAME		•		1		
STREET ADDRESS	10909 TAMARISK TRAK		3.3 STREET	ADDRESS					
CITY-ST-ZIP	BOYNTON BEACH FL 33436		3.4. CITY-S	T-ZIP					
TITLE	TD	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition ∫		
NAME	LONDEREE, DONN		4.2 NAME						
STREET ADDRESS	3271 SE COURT DRIVE		4.3 STREET	ADDRESS			1		
CITY-ST-ZIP	STEWART FL 34997		4.4 CITY-S	T-ZIP					
TITLE	D	☐ DELETE	5.1 TITLE			Change	☐ Addition		
NAME	MONROE, PETER		5.2 NAME						
STREET ADDRESS	9300 HOLLY HILL FARM RD.		5.3 STREET	ADDRESS			1		
CITY-ST-ZIP	CHARLOTTE NC 28277		5.4 CITY-S	T-ZIP					
TITLE	DVP		6.1 TITLE			Change	☐ Addition		
NAME		- 10 P N	6.2 NAME				1		
STREET ADDRESS	COBB, CLYDE- ROUTE 6, BOX 569- MARRIMAN TAL-	5/40E4	6.3 STREET	ADDRESS					
CITY-ST-ZIP : "	HARRIMAN TN-		6.4 CITY-S	T-ZIP					
VIII VI LII ,					Chattage Lander Chattage Lander and	4 . 4L -4 .L - :-	da mandia m		

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 informati 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.