

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N23584 (8)			
1. Corporation Name UNI-SON MINISTRIES, INC.			



Principal Place of Business DAVID MICHAEL KENT 132 SUN LANE PANAMA CITY BEACH FL 32413	Mailing Address DAVID MICHAEL KENT 132 SUN LANE PANAMA CITY BEACH FL 32413
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3. Date Incorporated or Qualified 11/20/1987	
4. FEI Number 59-2861938	Applied For Not Applicable

2. Principal Place of Business 21 BETTY KENT Suite, Apt. #, etc. 22 252 EWING CT City & State 23 FT WALTON BCH FL Zip 24 32548	2a. Mailing Address 26 BETTY KENT Suite, Apt. #, etc. 27 252 EWING CT City & State 28 FT. WALTON BCH FL Zip 29 32548
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BETTY KENT 252 EWING CT FORT WALTON BEACH FL 32548	
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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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **5/2/98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	0 ANGERMAN, RAY
STREET ADDRESS	208 DEVON COURT
CITY-ST-ZIP	FT. WALTON BEACH FL 32547
TITLE	<input type="checkbox"/> DELETE
NAME	0 KENT, BETTY HALE
STREET ADDRESS	252 EWING COURT
CITY-ST-ZIP	FT. WALTON BEACH FL 32548
TITLE	<input type="checkbox"/> DELETE
NAME	0 GILES, MARK
STREET ADDRESS	77 11TH ST
CITY-ST-ZIP	SHALIMAR FL
TITLE	<input type="checkbox"/> DELETE
NAME	0 KENT, LLOYD L
STREET ADDRESS	252 EWING CT
CITY-ST-ZIP	FT. WALTON BCH. FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	0 BLOXSON, OZZIE
STREET ADDRESS	38 OKAHATCHEE
CITY-ST-ZIP	FT WALTON BEACH FL 32548
TITLE	<input type="checkbox"/> DELETE
NAME	0 MARK POINTER
STREET ADDRESS	409 JO ELLEN LN
CITY-ST-ZIP	FT WALTON BEACH FL 32547

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: *[Signature]* (850) 862 9652

CR2E037 (10/97)