NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Sep 22, 1999 8:00 am Secretary of State

09-22-1999 90008 010 ****61.25

DOCL	JMFN1	Г# N	134	4266

1. Corporation Name

CINDY ROBERTS MINISTRIES, INC.

Principal Place of Business % DAVID E. ROBERTS 40 W PAR ST ORLANDO FL 32804 Mailing Address

% DAVID E. ROBERTS 40 W PAR ST ORLANDO FL 32804

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2. Principal F	Place of Business Part KANSA DA	2a. Mailing Address	/mbu	1 2	3. Date Incorporated or Qualifi 09/19/1989	ed				
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>		4. FEI Number 59-3021164			Applied For Not Applicable		
City & State City & State City & State City & State ZB M. JULIET, T			TA	1	5. Certificate of Status Desired Fee Required					
Zip Country Zip Court 24 37122 [25] USA [29] 37122 [30]			Country	<i>†</i>	Election Campaign Financir Trust Fund Contribution	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
'	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent					
			81 Name							
ROBERTS 40 W PAR			82	82 Street Address (P.O. Box Number is Not Acceptable)						
	1 31) FL 32804		83	:						
	1 2 02001		84	City		FL	85 Z	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										
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	nt signatur	re required when reinstating) ADDITIONS/CHANGES TO (DATE DEFICERS AN	D DIREC	TORS IN 12		
TITLE	D OFFICERS AND	DELETE	1.1 TITLE	-	ADDITIONS/CHANGES TO	OIT IOENS AIN	☐ Chan			
NAME	ROBERTS, DAVID E		1.2 NAME					go		
STREET ADDRESS	40 WEST PAR STREET		1.3 STREE	T ADDRES	ss			,		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-S							
TITLE	D	☐ DELETE	2.1 TITLE				Chan	ige Addition		
NAME	ROBERTS, CYNTHIA C		2.2 NAME					İ		
STREET ADORESS	STREET ADDRESS 40 WEST PAR STREET 23		2.3 STREET ADDRESS		ss			•		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-5	ST-ZIP						
TITLE	D	☐ DELETE	3.1 TITLE				Chang	ge Addition		
NAME	MOORE, SARAH		3.2 NAME							
STREET ADDRESS	1347 ROOSEVELT AVENUE		3.3 STREE	TADORES	38					
CITY-ST-ZIP	ORLANDO FL 32804		3.4. CITY-5	T-ZIP						
TITLE	D ANUTE POPERT A	☐ DELETE	4.1 TITLE				Chan	ge 🗌 Addition		
NAME	WHITE, ROBERT A		4, 2 NAME					i		
STREET ADDRESS	16635 WILSON PARRISH ROAD		4.3 STREE		is [
CITY-ST-ZIP	UMATILLA FL 32784	□ DELETE	4.4 CITY-S 5.1 TITLE	T-ZIP			☐ Chan	ge		
NAME	WHIPPLE, DANNY	C Secric	5.1 TITLE 5.2 NAME					8e 🗆 Yourou		
STREET ADDRESS	4504 CRIMSON COURT		5.3 STREE	T ADDRES	25					
CITY-ST-ZIP	ORLANDO FL 32808		5.4 CITY-S							
TITLE		☐ DELETE	6.1 TITLE				☐ Chang	ge Addition		
NAME			6.2 NAME				"			
STREET ADDRESS			6.3 STREET	ADDRES	38					
CITY-ST-ZIP			6.4 CrTY-S	T-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:

WINGENATURE REQUIRED

9/10/99

615-758-2824

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