


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Motham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34759 (3)
 1. Corporation Name
KINGDOM BUSINESS MINISTRIES INC.



Principal Place of Business 1216 SHIPLEY DRIVE NICEVILLE FL 32578 US	Mailing Address % RICHARD E. WORSHAM P O BOX 761 NICEVILLE FL 32588 US
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3. Date Incorporated or Qualified 10/18/1989	4. FEI Number 59-2977892	Applied For Not Applicable
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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
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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 WORSHAM, RICHARD E. 1216 SHIPLEY DRIVE P O BOX 761 NICEVILLE FL 32588
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD NAME WORSHAM, RICHARD E. STREET ADDRESS 1216 SHIPLEY DR CITY-ST-ZIP NICEVILLE FL	<input type="checkbox"/> DELETE
TITLE VD NAME WORSHAM, DELANE STREET ADDRESS 1216 SHIPLEY DR CITY-ST-ZIP NICEVILLE FL	<input type="checkbox"/> DELETE
TITLE T NAME PEARCE, CHRISTINA K STREET ADDRESS #4-200 130 OLD HWY 98 CITY-ST-ZIP DESTIN FL	<input checked="" type="checkbox"/> DELETE
TITLE VP NAME PEARCE, RICHARD P JR. STREET ADDRESS 88 COBIA ST CITY-ST-ZIP DESTIN FL	<input checked="" type="checkbox"/> DELETE
TITLE SD NAME WALTON, MARTHA STREET ADDRESS 795 SLALOM WAY CITY-ST-ZIP SANTA ROSE BEACH FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OVERHOLT, GABRIEL D. 30 WALTON SHORES COURT DESTIN, FL 32541
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TREASURER/DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OVERHOLT, PATRICIA G. 30 WALTON SHORES COURT DESTIN, FL 32541
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VICEPRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Richard E. Worsham* 4/9/98 850-897-1913

CR2E037 (10/97)