NONPROFIT CORPORATION ANNUAL REPORT  ORDER  ORDER										
1996 DIVISION OF CORPORATIONS  DOCUMENT # N35118 (1)										
	MICHAEL MINISTRIES, IN		( )							
JOIN	WIOTIALL WINGTHILD; IN									
Principal Place	of Business	Mai	ling Address				- 1 100/11/01 000 11/01 01/01 11/08/ 11/1 !			
P. O. BOX 26 JACKSONVILL			O. BOX 26248 CKSONVILLE FL 32220	<b>;</b>						
		•	ONDOMNELE TE BELL	,			Date Incorporated or Qualified	3a. [	ate of Last	
2 Principal Pl	ace of Business	2a	Mailing Address				11/08/1989 4. FEI Number		08/03/	1995 Applied For
21	ace of business	26		····			NOT APPLICABLE			Not Applicabl
Suite, Apt. 1	ŧ, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State			City & State				6. Election Campaign Financing			0 May Be
Zip	Country	28	Zip	Cou	ntry		Trust Fund Contribution  8. This corporation has liability for	intangible		d to Fees s. 199.032.
24	25	29		30			Florida Statutes	Yes	<b>₽</b> No	
	9. Name and Address of Curre	nt Registe	ired Agent		B1 N	lame	10. Name and Address of New Ro	agistered	Agent	
BAZZE	LL, JOHN MICHAEL				<b>82</b> Si	treet Addre	ess (P.O. Box Number is Not Acceptal	ble)		
	TH JACKSONVILLE BAPTIST (	HURCH		ļ	83					
	i main st Onville fl. 32218				83					
JACKS	UNVILLE FL 32210				<b>84</b> C	City		FI	_ 85 Zi	p Code
11. Pursuant to	o the provisions of Sections 617.05 egistered agent, or both, in the State of familiar with, and accept the oblin	02 and 617 e of Florida pations of	7.1508, Florida Statuti . Such change was a Section 617.0503. Flo	es, the ab uthorized orida Statu	ove-nar by the utes	med corpo corporatio	ration submits this statement for the p n's board of directors. I hereby accep	ourpose o	changing ointment as	its registered registered
SIGNATURE										
12.	Signature, typed or printed name of registered ag OFFICERS At			E Registered	d Agent sig	gnature require	d when reinstaling) ADDITIONS/CHANGES TO OFF	DATE ICERS AN	ID DIRECTO	OR\$ IN 12
TITLE	D		DELETE	1.1 70	TLE				Change	e Additio
NAME	BAZZELL, JOHN MICHAEL			1.2 NA						
STREET ADORESS	7190 LUCKY DR W JACKSONVILLE FL				TREET ADD					
CITY-ST-ZIP TITLE	D	•	DELETE	211	TY-ST-ZI TLE	<u> </u>	**********		Change	e Additio
NAME	MILLER, GARY		_	2.2 N/						
STREET ADDRESS	10884 N NAPLES CT			2.3 ST	TREET AOD	DRESS				
CITY-ST-ZIP	JACKSONVILLE BCH FL		DELETE		HTY - ST - Z	?IP			Chang	e Additio
TITLE NAME	BOWERS, DIANE		Dottele	3.1 TI 3.2 N/					C. Cuang	
STREET ADDRESS	5353 ARLINGTON EPWY	F10H			TREET ADD	DAESS				
CITY-ST-ZIP	JACKSONVILLE FL			3 4. C	ITY-ST-Z	?IP				
TITLE			DELETE	4.1 70					Chang	e Additio
NAME STREET ADDRESS				4. 2 N 4.3 ST	KAME Treet add	ORESS				
CITY-ST-ZIP					ITY-ST-ZI					
TITLE		***************************************	DELETE	5.1 Ti				•	Chang	e Additio
NAME				52 N		1				
STREET ADDRESS					TREET ADD					
CITY-ST-ZIP TITLE			DELETE	5.4 C	ITY-ST-ZI ITLE	<u> </u>			Chang	e Additio
NAME			_	6.2 N						_
						1				
STREET ADDRESS				6.3 S	TREET ADD	DRESS				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPEO OR PRINTED NAME OF SIGNING PRICER OR DIRECTOR

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