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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N36222

1. Corporation Name

N.E.T. MINISTRIES, INC.

Principal Place of Business

**4235 MT STERLING ST.
 TITUSVILLE FL 32780**

Mailing Address

**4235 MT STERLING ST.
 TITUSVILLE FL 32780**



2. Principal Place of Business

21 2081 SUN VALLEY ST.

Suite, Apt. #, etc.

22

City & State
23 Titusville FLA.

Zip

24 32780

Country

25 USA

2a. Mailing Address

26 P.O. Box 1284

Suite, Apt. #, etc.

27

City & State
28 Titusville FLA.

Zip

29 32780

Country

30 USA

3. Date Incorporated or Qualified

01/23/1990

4. FEI Number

59-2994331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

**JAMES R. ROSS
 4235 MT. STERLING AVE.
 TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent

81 Name JAMES R. ROSS
82 Street Address (P.O. Box Number is Not Acceptable)
2081 Sun Valley St.
83
84 City Titusville FL 85 Zip Code 32780

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

JAMES R. ROSS **JAMES R. ROSS** **Ex. DIRECTOR**

4/28/99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE MD ☒ DELETE
NAME LOCHNIGHT, THOMAS
STREET ADDRESS 4040 COQUINA AVE
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE PD ☒ DELETE
NAME LORD, RICHARD
STREET ADDRESS 6300 HILLCREST AVE
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE VD ☐ DELETE
NAME PHELPS, RICHARD
STREET ADDRESS PALM BAY RD NE #1
CITY-ST-ZIP PLAM BAY FL 32905

TITLE TD ☐ DELETE
NAME SKIPPER, STANLEY
STREET ADDRESS 2007 W DELEON ST #A
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ DELETE
NAME ROSS, JAMES R
STREET ADDRESS 4235 MT STERLING AVE
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

JAMES R. ROSS **JAMES R. ROSS**

4/28/99

407-264-6106

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (1/98)