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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36667** (6)

1. Corporation Name

MINISTRIES OF HARVEY JOHN FRITSCH, INC.



Principal Place of Business C/O HARVEY JOHN FRITSCH 13951 KENDALE LAKES CIRCLE, #804A MIAMI FL 33183	Mailing Address C/O HARVEY JOHN FRITSCH 13951 KENDALE LAKES CIRCLE, #804A MIAMI FL 33183
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2. Principal Place of Business 21 C/O Joanne C. Fritsch Suite, Apt. #, etc. 22 13951 Kendale Lakes Circle 804A City & State 23 Miami FL Zip 24 33183	2a. Mailing Address 26 C/O Joanne C. Fritsch Suite, Apt. #, etc. 27 13951 Kendale Lakes Circle 804A City & State 28 Miami FL Zip 29 33183
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3. Date Incorporated or Qualified 02/19/1990	4. FEI Number 65-0172826	Applied For <input type="checkbox"/> Not Applicable
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 checked="" 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 checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent FRITSCH, HARVEY JOHN 13951 KENDALE LAKES CIRCLE #804A MIAMI FL 33183
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10. Name and Address of New Registered Agent 81 Name Joanne C. Fritsch 82 Street Address (P.O. Box Number is Not Acceptable) 13951 Kendale Lakes Circle 804A 83 84 City Miami FL 85 Zip Code 33183
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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 Joanne C. Fritsch Joanne C. Fritsch 4-6-98
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 NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE FRITSCH, HARVEY JOHN 13951 KENDALE LAKES CIR. MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE FRITSCH, JOANNE C. 13951 KENDALE LAKES CIR. MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE CORELL, ROBERT F. 14571 SW 124 PLACE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE GILBERT, RICHARD H RT. 4, BOX 718 BLAIRSVILLE GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE UNDERWOOD, STANLEY 6350 W. BAGHDAD STREET DUNNELLON FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input 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 checked="" type="checkbox"/> Addition DAVID F. CORELL 14571 SW 124 PLACE MIAMI FL

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: Joanne C. Fritsch Joanne C. Fritsch, Dir 4-6-98 (305) 385-1308

CR2E037 (10/97)