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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38205** (3)

1. Corporation Name

FULNESS MINISTRIES INTERNATIONAL, INC.



Principal Place of Business	Mailing Address
8032 W SAMPLE RD MARGATE FL 33065 US	8032 W SAMPLE RD MARGATE FL 33065 US

2. Principal Place of Business	2a. Mailing Address
21 957 SW 71 Ave	26 957 SW 71 Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State North Lauderdale, FL	28 City & State North Lauderdale, FL
24 Zip 33068	29 Zip 33068
25 Country Broward	30 Country Broward

3. Date Incorporated or Qualified	05/16/1990
4. FEI Number	65-0200121
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	10. Name and Address of New Registered Agent
BROOKINS, JIMMY L. 8032 W SAMPLE RD MARGATE FL 33065	81 Name Brookins, Jimmy L. 82 Street Address (P.O. Box Number Is Not Acceptable) 957 SW 71 Ave 83 84 City North Lauderdale FL 85 Zip Code 33068

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BROOKINS, JIMMY L.	1.2 NAME	Brookins, Jimmy L.
STREET ADDRESS	8032 W SAMPLE RD	1.3 STREET ADDRESS	957 SW 71 Ave
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	North Lauderdale, FL 33068
TITLE	D	2.1 TITLE	
NAME	WERNER, JERRY B.	2.2 NAME	
STREET ADDRESS	3561 NW 99 AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	D
NAME	RICHARDSON, DAVID	3.2 NAME	Richardson, David
STREET ADDRESS	10935 NW 40 ST.	3.3 STREET ADDRESS	10935 NW 40 St.
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	T	4.1 TITLE	
NAME	KING, NANCY	4.2 NAME	
STREET ADDRESS	10310 NW 42 DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	ST
NAME	STEPHENS, DORIS G.	5.2 NAME	Stephens, Doris G.
STREET ADDRESS	459 NW 99 WAY	5.3 STREET ADDRESS	459 NW 99 Way
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE		6.1 TITLE	V/D
NAME		6.2 NAME	Newcombe, David
STREET ADDRESS		6.3 STREET ADDRESS	11791 Royal Palm Dr. #202
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Coral Springs FL 33065

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: *Sandra B. Northam* Secretary/Treasurer 2/25/98 954-752-8583

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