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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N41992

1. Corporation Name

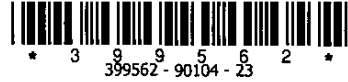
DANNETTE FISHBURNE MINISTRIES, INC.

Principal Place of Business

696 YOUNGSTOWN PKWY UNIT 313
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

P.O. BOX 585205
ORLANDO FL 32858-5205
US



2. Principal Place of Business

21

2a. Mailing Address

26

696 Youngstown Pkwy

Suite, Apt. #, etc.

27

Unit 313

City & State

28

Altamonte Springs FL

Zip

29

32714

Country

30

Seminole

3. Date Incorporated or Qualified

02/07/1991

4. FEI Number

59-3055299

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FISHBURNE DANNETTE
696 YOUNTSTOWN PARKWAY UNIT 313
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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 SD
NAME JOHNSON, CARA
STREET ADDRESS 7313 CABOR COURT
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME JOHNSON, MARSHA
STREET ADDRESS 5507 WESTVIEW DR
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME STORY, ANGELA
STREET ADDRESS 1720 BEN COVE CT
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME WRIGHT, ESTER
STREET ADDRESS 5780 KINGSGATE DR
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME PHYLLIS F. MACK
STREET ADDRESS 2415 BARRY DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE VD
NAME HOLLIS, JUDY
STREET ADDRESS 8737 ALEGRE CIR
CITY-ST-ZIP ORLANDO FL

☐ DELETE

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: *Dannette Fishburne* *Dannette Fishburne* 4-20-99 (407) 774-4630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-11/98