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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90156 018 ***140.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N42959					
1. Corporation Name MIGHTY-MITE UNITED CHRISTIAN DONATION CENTERS, I NC.					
Principal Place of Business 13710 49HSTN CLEARWATER FL 33762 US			Mailing Address 13710 49HSTN CLEARWATER FL 33762		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/12/1991	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3059997	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DOWNES, H. COLLINGS 13710 49TH ST N CLEARWATER FL 30762			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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	X DELETE		1.1 TITLE	D	X Addition	
NAME	AUSTIN, LEE ANN			1.2 NAME	DEBORAH K DOWNES		
STREET ADDRESS	141 CHIPPEWAS			1.3 STREET ADDRESS	13710 49HSTN		
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP	CLEARWATER FL 33762		
TITLE	D	X DELETE		2.1 TITLE			
NAME	DOWNES, H COLLINGS			2.2 NAME			
STREET ADDRESS	4986 113TH AVE N			2.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			2.4 CITY-ST-ZIP			
TITLE	D	X DELETE		3.1 TITLE			
NAME	MITCHAM, LUPE V.			3.2 NAME			
STREET ADDRESS	1507 BAYSHORE BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP			
TITLE	D	X DELETE		4.1 TITLE			
NAME	DUNCAN, KENNETH L			4.2 NAME			
STREET ADDRESS	141 E CHIPPAWA			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			4.4 CITY-ST-ZIP			
TITLE	D	X DELETE		5.1 TITLE			
NAME	MANDORE, JANICE			5.2 NAME			
STREET ADDRESS	137 CHPPAWA			5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			5.4 CITY-ST-ZIP			
TITLE	D	X DELETE		6.1 TITLE			
NAME	MANDESE, VINCE			6.2 NAME			
STREET ADDRESS	137 CHIPPEWA			6.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIREMENTS

3-15-99

721 5711006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)