

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 10 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 # N43790 (7)

1. Corporation Name
N.B. MINISTRIES, INC.

Principal Place of Business P.O. BOX 227 GRANDIN FL 32138	Mailing Address P.O. BOX 227 GRANDIN FL 32138-0237
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3. Date Incorporated or Qualified
06/11/1991

4. FEI Number
59-3048645

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**STANLEY, EMORY W
7988 SUNNY BROOK RD.
MELROSE FL 32886**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	STANLEY, EMORY	
STREET ADDRESS	7988 SUNNYBROOK RD	
CITY-ST-ZIP	GRANDIN FL	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	STANLEY, NIKKI	
STREET ADDRESS	7988 SUNNYBROOK RD.	
CITY-ST-ZIP	GRANDIN FL 32138	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	PENROD, RON	
STREET ADDRESS	7988 SUNNYBROOK RD	
CITY-ST-ZIP	GRANDIN FL 32138	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PENROD, LINDA	
STREET ADDRESS	7988 SUNNYBROOK RD	
CITY-ST-ZIP	GRANDIN FL 32138	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Wesley Cain	
1.3 STREET ADDRESS	8726 Belle Rive Blvd.	
1.4 CITY-ST-ZIP	Jacksonville, Fl. 32256	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	E. Nell Cain	
2.3 STREET ADDRESS	8726 Belle Rive Blvd.	
2.4 CITY-ST-ZIP	Jacksonville, Fl. 32256	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Emory Stanley* Emory Stanley 2/4/98 904/998-3545

CF2E037 (10/97)