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03-05-1999 90040 021 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N43790  
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

172834 - 90040 - 21



2. Principal Place of Business 21 P.O. Box 550907	2a. Mailing Address 26 P.O. Box 550907	3. Date Incorporated or Qualified 06/11/1991
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3048645
22	27	Applied For Not Applicable
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip Country 24 32255-0907 25 Duval	Zip Country 29 32255-0907 30 Duval	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 STANLEY, EMORY W 7988 SUNNY BROOK RD. MELROSE FL 32666	10. Name and Address of New Registered Agent 81 Name Same 82 Street Address (P.O. Box Number is Not Acceptable) 6131 Terry Road 83 84 City Jacksonville FL 85 Zip Code 32216
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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 *Emory W. Stanley* Emory W. Stanley 2/16/99  
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	DP STANLEY, EMORY 7988 SUNNYBROOK RD GRANDIN FL	1.1 TITLE	DP STANLEY, EMORY 6131 Terry Rd. Jacksonville, Fl. 32216
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VDS STANLEY, NIKKI 7988 SUNNYBROOK RD. GRANDIN FL 32138	2.1 TITLE	VDS STANLEY, NIKKI 6131 Terry Rd. Jacksonville, Fl. 32216
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	CD CAIN, JOHN WESLEY 8726 BELLE RIVE BLVD. JACKSONVILLE FL 32256	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D CAIN, E. NELL 8726 BELLE RIVE BLVD. JACKSONVILLE FL 32256	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *Emory W. Stanley* SIGNATURE REQUIRED STANLEY 2/16/99 904/571-5408  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)