


FILE NOW: FILING FEE IS \$61.25

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Apr 13 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 # **N45221** (1)
1. Corporation Name
JOHN MARK MINISTRIES, INC.

Principal Place of Business 3165 FIRST AVE. APT. 14 FERNANDINA BEACH FL 32034	Mailing Address 3165 FIRST AVE. APT. 14 FERNANDINA BEACH FL 32034
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3. Date Incorporated or Qualified 09/19/1991	4. FEI Number 59-3082137	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	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
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HICKS, TERRY J.
3165 FIRST AVE.
APT. 14
FERNANDINA BEACH FL 32034**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, TERRY J.	1.2 NAME	
STREET ADDRESS	3165 FIRST AVENUE APT. 14	1.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, FRANKIE D.	2.2 NAME	
STREET ADDRESS	3165 FIRST AVENUE APT. 14	2.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDASILL, C. HARRY	3.2 NAME	
STREET ADDRESS	RT 2 CAMP CREEK RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORNELIA GA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMEL, MELVIN J	4.2 NAME	
STREET ADDRESS	861 YULEE HILLS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	YULEE FL 32097	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, JAMES D	5.2 NAME	D WALLACE, James D.
STREET ADDRESS	5 PAIGE ROAD <i>New address -></i>	5.3 STREET ADDRESS	770 BRENDA
CITY-ST-ZIP	ETHRIDGE TN	5.4 CITY-ST-ZIP	CAMPDEN, AR. 71701
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Terry J. Hicks* **TERRY J. HICKS**

4-4-98 (904) 261-7312

CR2E037 (10/97)