FILE NOW: FILING FEE IS \$61.25

FILED NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Jan 30 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 Secretary of State DOCUMENT # (4)MELANESIAN MINISTRIES, INC. Mailing Address Principal Place of Business 1069 2ND STR SW 1069 2ND STR SW 3. Date Incorporated or Qualified LARGO FL 34640 **LARGO FL 34640** 10/30/1991 4. FEI Number Applied For 65-0293941 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution 27 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes Yes □ No Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HARRIS, DIANA L 82 Street Address (P.O. Box Number is Not Acceptable) 1069 2ND STR SW **LARGO FL 34640** 83 84 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change Addition GUMMOE, DAVID NAME 1.2 NAME RT 2 BOX 231 B3 STREET ADDRESS 1.3 STREET ADDRESS LAFOLLETTE TN CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Addition HARRIS, JACK NAME 2.2 NAME 302 WEST GRANT ST STREET ADDRESS 2.3 STREET ADDRESS LAFONTAINE IN CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE TITLE Change Addition 3.1 TITLE MOWERY, REX NAME 3.2 NAME 3390 S BAILEY RD STREET ADDRESS 3.3 STREET ADDRESS WABASH IN CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE TIME 4.1 TITLE Change Addition

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.

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

JAN. 21,1998 723-981-4345

72E037

Addition

Addition

Change

Change