

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 06 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N48776 (1)

1. Corporation Name

THINK ON THESE THINGS MINISTRIES, INC.



Principal Place of Business

Mailing Address

639 GOLFAIR BLVD  
JACKSONVILLE FL 32206  
US

P.O. BOX 43424  
JACKSONVILLE FL 32203-3424  
US

3. Date Incorporated or Qualified

05/08/1992

4. FEI Number

59-3131308

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAZEL, DANIEL S.  
639 GOLFAIR BLVD  
JACKSONVILLE FL 32206

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
HAZEL, DANIEL S.  
639 GOLFAIR BLVD  
JACKSONVILLE FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
Pastor General  
Elmore, A.J.  
PO Box 1733  
Matteson, IL 60443  
N/A

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
SMITH, LEE  
407 BIRCH ST.  
JACKSONVILLE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
4631 Mitchell St  
Forest Park, GA 30050

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
GREEN, CHERYL  
407 BIRCH ST.  
JACKSONVILLE FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
3842 Boulevard  
Jacksonville, FL 32206

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
HAZEL, MARY W.  
639 GOLFAIR BLVD  
JACKSONVILLE FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
BRAZLE, ANGELA D.  
407 BIRCH ST.  
JACKSONVILLE FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
3842 Boulevard  
Jacksonville, FL 32206

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Y  
SIMMINS, JUNE  
PO BOX 6764 N/A  
COLUMBIA MD

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
(T) Elmore, Deborah  
PO Box 1733  
Matteson, IL 60443  
N/A  
DOD 870

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: [Signature]

3-9-98 904 266-4726

CR2E037 (10/97)