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May 05, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48776

1. Corporation Name

THINK ON THESE THINGS MINISTRIES, INC.

Principal Place of Business
639 GOLFAIR BLVD
JACKSONVILLE FL 32206
US

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



2. Principal Place of Business 21 643 Golfair Blvd Suite, Apt. #, etc. 22 Jacksonville, FL City & State 23 32206 US Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 05/08/1992 4. FEI Number 59-3131308 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZEL, DANIEL S.	1.2 NAME	
STREET ADDRESS	639 GOLFAIR BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LEE	2.2 NAME	
STREET ADDRESS	4631 MITCHELL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FOREST PARK GA 30050	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, CHERYL	3.2 NAME	
STREET ADDRESS	3842 BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZEL, MARY W.	4.2 NAME	
STREET ADDRESS	639 GOLFAIR BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAZLE, ANGELA D.	5.2 NAME	
STREET ADDRESS	3842 BOULEVARD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELMORE, DEBORAH	6.2 NAME	
STREET ADDRESS	P.O. BOX 1733 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	MATTESON IL 60443	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: Mary W. Hazel 4-28-99 (904) 355-4726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)