FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51287

Corporation Name

NETWORK OF CHRISTIAN MINISTRIES, INC.

Principal Place of Busines
1300 \$. OLIVE AVE.
W PALM REACH EL 33401

Mailing Address

P.O. BOX 1496 W PALM BEACH FL 33402-1496



FILED Mar 01, 1999 8:00 am Secretary of State

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ı									
2. 21	Principal Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 10/14/1992					
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number Applied For					
22	,	27		65-0354886 · Not Applicable					
City & State		City & State		5. Certificate of Status Desired \$8.75 Additional Fee Required					
23	Zip Country	Zip Cou	untry	7 6. Election Campaign Financing Trust Fund Contribution Added to Fees					
24		f Current Registered Agent	T	10. Name and Address of New Registered Agent					
WELLS, MARJORIE R.				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)					
	4849 SABLE PINE CIR. C-1		83	3					
W PALM BEACH FL 33417			84	4 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	andicable (NOTE: Re	egistered Agent signature n	equired when reinstating) DATE			
12.	OFFICERS AND DIREC	··	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	P	DELETE	1.1 TITLE	Р	Change	Addition	
NAME	WELLS, JACK D.		1.2 NAME	Wells, Jack D.			
STREET ADDRESS			1.3 STREET ADDRESS	1300 S Olive Ave	•	}	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33401		1.4 CITY-ST-ZIP	West Palm Beach, FL 33401	· · · · · · · · · · · · · · · · · · ·		
TITLE	C	▼ DELETE	2.1 TITLE	С	Change	Addition	
NAME	LENEVE, LARRY		2.2 NAME	Rodney Smith	*	.	
STREET ADDRESS	9837 DAPHNEY AVE		2.3 STREET ADDRESS	12666 Westport Cir		ì	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410		2. 4 CTTY-ST-ZIP	Wellington, FL 33414	. <u></u>		
TITLE	D	DELETE	3.1 TITLE	V	Change	X Addition	
NAME	JEFF BEEBE		3.2 NAME	James Louwers			
STREET ADDRESS	2614 MOHAWK CIR		3.3 STREET ADDRESS	13696 Exotica Lane		. 1	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		3.4. CITY-ST-ZIP	Wellington, FL 33414			
TITLE	D	☐ DELETE	4.1 TITLE	Т	Change	Addition	
NAME	CUSHING, TOM		4. 2 NAME	Cynthia McGuire		1	
STREET ADDRESS	214 LIST ROAD	,	4.3 STREET ADDRESS	6172 Plains Drive			
CITY-ST-ZIP	PALM BCH FL 33480		4.4 CITY+ST-ZIP	Lake Worth, FL 33463		N773 A 1 1777	
TITLE	D	☑ DELETE	5.1 TITLE	D	Change	X Addition	
NAME	GANT, CARLTON		5.2 NAME	Larry Enochs			
STREET ADDRESS	500 CONGRESS AVE., BLDG. 154		5.3 STREET ADDRESS	1189 Sunset Blvd		,	
CITY-ST-ZIP	WEST PALM BEACH FL 33407		5.4 CITY-ST-ZIP	West Palm Beach, FL 3340	6	T7 1 2 500 4 4	
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
			6.4 CITY ST. 7ID			1	

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:

CHGIDATA/FILE REQUIRED

26 99 561-832-3576

CR2E037 (11/98)