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**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

0054315

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-27-1999 90099 028 \*\*\*\*61.25

**DOCUMENT # N92000000639**

1. Corporation Name

**BRIAN ARNER MINISTRIES, INC.**

Principal Place of Business

1861 LAKE AVENUE SOUTH  
 CLEARWATER FL 34616

Mailing Address

1861 LAKE AVENUE SOUTH  
 CLEARWATER FL 34616



2. Principal Place of Business

21 **4415 ALEX AVE**  
 Suite, Apt. #, etc.

22 **CUMMING, GA**  
 City & State

23 **30040 USA**  
 Zip Country

24

2a. Mailing Address

26 **4415 ALEX AVE**  
 Suite, Apt. #, etc.

27 **CUMMING, GA**  
 City & State

28 **30040 USA**  
 Zip Country

29

30

3. Date Incorporated or Qualified

**12/04/1992**

4. FEI Number

**59-3285520**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

**WILLISON, MICHAEL ESQ.**  
**2033 E. EDGEWOOD DRIVE**  
**LAKELAND FL 33803**

10. Name and Address of New Registered Agent

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

TITLE **PD**  DELETE  
 NAME **ARNER, BRIAN D**  
 STREET ADDRESS **1861 LAKE AVES SOUTH**  
 CITY-ST-ZIP **CLEARWATER FL 34616**

TITLE **STD**  DELETE  
 NAME **ARNER, PENNI G**  
 STREET ADDRESS **1861 LAKE AVES SOUTH**  
 CITY-ST-ZIP **CLEARWATER FL 34616**

TITLE **TD**  DELETE  
 NAME **GERARD, PAUL**  
 STREET ADDRESS **1601 IDLE DR**  
 CITY-ST-ZIP **CLEARWATER FL 34616**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME **ARNER, BRIAN**  
 1.3 STREET ADDRESS **4415 ALEX AVE.**  
 1.4 CITY-ST-ZIP **CUMMING, GA 30040**

2.1 TITLE **STD**  Change  Addition  
 2.2 NAME **ARNER PENNI G.**  
 2.3 STREET ADDRESS ~~1861 LAKE AVES SOUTH~~ **4415 ALEX AVE.**  
 2.4 CITY-ST-ZIP **CUMMING, GA 30040**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

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

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-99 770 205 7889**  
 Date Daytime Phone #

CR2E037 (11/98)