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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 # N93000000122

1. Corporation Name

GEORGE AIKEN MINISTRIES, INC.

Principal Place of Business

Mailing Address

2497 S W HINCHMAN ST
PT. ST. LUCIE FL 34984
US

2497 SW HINCHMAN ST
PT ST LUCIE FL 34984
US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 01/12/1993 4. FEI Number 65-0385752 5. Certificate of Status Desired <input 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

AIKEN, GEORGE
2497 S W HINCHMAN ST
PORT ST LUCIE FL 34984

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	PD/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIKEN, GEORGE	1.2 NAME	Aiken, George
STREET ADDRESS	2497 S W HINCHMAN ST	1.3 STREET ADDRESS	2497 Sw. Hinchman St.
CITY-ST-ZIP	PORT ST LUCIE FL 34984	1.4 CITY-ST-ZIP	Port St. Lucie, Fl. 34984
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSUNG, GEORGE	2.2 NAME	
STREET ADDRESS	701 S.W. 9TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIETSMAN, JEANETTE	3.2 NAME	Aiken, George
STREET ADDRESS	3012 SE 32ND CT.	3.3 STREET ADDRESS	2497 Sw. Hinchman St.
CITY-ST-ZIP	OKEECHOBEE FL	3.4 CITY-ST-ZIP	Port St. Lucie, Fl. 34984
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDAINEL, JENNY	4.2 NAME	
STREET ADDRESS	1678 S E CHELLO LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEASLEY, IVAN	5.2 NAME	Beck, Kenneth G.
STREET ADDRESS	3214 SE 20TH CT.	5.3 STREET ADDRESS	1018Shakespeare Ave.
CITY-ST-ZIP	OKEECHOBEE FL	5.4 CITY-ST-ZIP	Port St. Lucie, Fl. 34983
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

George Aiken PD/T

SIGNATURE REQUIRED

2/10/99

561.878.4464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)