


FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90060 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000002336					
1. Corporation Name MATLACK SPECIALIZED-CREATIVE MINISTRIES CORP.					
Principal Place of Business PO BOX 5216 HUDSON FL 34667 US			Mailing Address P.O. BOX 5216 HUDSON FL 34674		

543568 - 90005 - 36



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/17/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3252705	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOWARD, DAVID 4235 AMBER RIDGE LN VALRICO FL 33594				81 Name <u>David Howard</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>4235 Amber Ridge Lane</u> 83 84 City <u>Valrico</u> FL 85 Zip Code <u>33594</u>			
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 <u>David Howard</u>				DATE <u>3/12/99</u>			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICKETSON, ROBERT M SR.	1.2 NAME	
STREET ADDRESS	8104 VALLEY STREAM LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAYONET PT. FL 34667	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOEHR, JACK	2.2 NAME	
STREET ADDRESS	10811 UNION DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHMEIER, CHARLOTTE L.	3.2 NAME	
STREET ADDRESS	7535 ANDREWS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, CHERRY	4.2 NAME	
STREET ADDRESS	P.O. BOX 5216 NA	4.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDY, WALTER B	5.2 NAME	
STREET ADDRESS	7625 JUDITH CRESCENT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE		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 empowerments.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Rickerson Sr. 727-863-3151
 5/3/99
 Daytime Phone #

CR2E037 (4/98)