

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000003379 (5)**  
 1. Corporation Name  
**MARY CRAIG MINISTRIES, INC.**



Principal Place of Business <b>5991 NORTHEAST 18TH TERRACE FORT LAUDERDALE FL 33308</b>	Mailing Address <b>5991 NORTHEAST 18TH TERRACE FORT LAUDERDALE FL 33308</b>
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3. Date Incorporated or Qualified <b>07/22/1993</b>		
4. FEI Number <b>65-0429517</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 29 Zip	Country 25	Country 30
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9. Name and Address of Current Registered Agent <b>CRAIG, W J 5991 NORTHEAST 18TH TERRACE FORT LAUDERDALE FL 33308</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b>	85 Zip Code
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10. Name and Address of New Registered Agent
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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: *Walter J. Craig* **WALTER J. CRAIG** **JAN. 12, 1998**  
 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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEBORAH DVORAK</b>	1.2 NAME	<b>MARY CRAIG</b>
STREET ADDRESS	<b>2749 N.E. 33 ST.</b>	1.3 STREET ADDRESS	<b>5991 NE 18 Terrace</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33308</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>P D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COLLINS, JACKIE</b>	2.2 NAME	<b>CRAIG, JAMES</b>
STREET ADDRESS	<b>2826 S.W. 176 TERRACE</b>	2.3 STREET ADDRESS	<b>5991 NE 18 Terrace</b>
CITY-ST-ZIP	<b>MIRAMAR FL</b>	2.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33308</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>V D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COX, BYRON</b>	3.2 NAME	<b>CRAIG JOANNA L.</b>
STREET ADDRESS	<b>3355 N.W. 63 ST.</b>	3.3 STREET ADDRESS	<b>5991 NE 18 Terrace</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	3.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33308</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COX, STACY</b>	4.2 NAME	<b>TOTH, DEBORAH</b>
STREET ADDRESS	<b>3355 N.W. 63 ST.</b>	4.3 STREET ADDRESS	<b>5920 NW 96 DRIVE</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	4.4 CITY-ST-ZIP	<b>PARKLAND, FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARLOW, WANDA CPA</b>	5.2 NAME	<b>NYCE, DEBORAH</b>
STREET ADDRESS	<b>8246 NW 16 STREET</b>	5.3 STREET ADDRESS	<b>1461 NE 28 PLACE</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	5.4 CITY-ST-ZIP	<b>WILTON MANORS, FL 33334</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>LAMBERTUS, DONNA</b>	6.2 NAME	
STREET ADDRESS	<b>2308 CYPRESS BEND DRIVE, 119</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	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.

SIGNATURE: *Walter J. Craig* **WALTER J. CRAIG** **JAN. 12, 1998** **954-491-7270**  
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  
**PRESIDENT** or **954-491-3800**

CR2E037 (1097)