

CORPORATION
ANNUAL REPORT
1999



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

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1. Corporation Name

ZEPHYRHILLS MINISTERIAL ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 1363
ZEPHYRHILLS FL 33539

Mailing Address

P.O. BOX 1363
ZEPHYRHILLS FL 33539

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/21/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3222167
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent

FORD, CRAIG
38636 FIFTH AVE.
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

81 Name TALBOTT DENNY
82 Street Address (P.O. Box Number is Not Acceptable) 6151 12TH ST.
83
84 City ZEPHYRHILLS
85 Zip Code FL 33540

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 TALBOTT DENNY Talbot Denny DATE 3/30/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE V/P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCVAY, BILL		1.2 NAME Nancy Farley	
STREET ADDRESS 38528 SPARROW COURT		1.3 STREET ADDRESS 3855 10th St.	
CITY-ST-ZIP DADE CITY FL		1.4 CITY-ST-ZIP Zephyrhills, FL. 33540	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FORD, CRAIG		2.2 NAME DENNY, TALBOTT	
STREET ADDRESS 38636 FIFTH AVE.		2.3 STREET ADDRESS 6151 12TH ST.	
CITY-ST-ZIP ZEPHYRHILLS FL		2.4 CITY-ST-ZIP ZEPHYRHILLS, FL. 33540	
TITLE SO	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GENTON, MARC		3.2 NAME	
STREET ADDRESS 8848 WIRE ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP ZEPHYRHILLS FL		3.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME YATES, ROBERT G.		4.2 NAME Patrick Caterson	
STREET ADDRESS 5855 SIXTEENTH ST.		4.3 STREET ADDRESS 6251 Ft. King Rd.	
CITY-ST-ZIP ZEPHYRHILLS FL		4.4 CITY-ST-ZIP Zephyrhills, FL. 33541	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: Talbot Denny DATE: 3/30/99 DAYTIME PHONE: 813-182-7032

CR2E037 (11/98)