

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

**FILED**  
**May 15 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
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

**DOCUMENT # N93000005025 (2)**  
 1. Corporation Name  
**SKYBOUND MINISTRIES, INC.**



Principal Place of Business <b>5347 MAIN STREET #203 NEW PORT RICHEY FL 34652</b>	Mailing Address <b>5347 MAIN STREET #203 NEW PORT RICHEY FL 34652</b>
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------

3. Date Incorporated or Qualified <b>11/02/1993</b>		
4. FEI Number <b>59-3209628</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>		
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>		
City & State <b>23</b>	City & State <b>28</b>		
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**AREVALO - ARAUJO, ROBERTO**  
**5347 MAIN STREET #203**  
**NEW PORT RICHEY FL 34652**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AREVALO - ARAUJO, ROBERTO</b>		1.2 NAME	
STREET ADDRESS <b>5540 CLIPPER COURT</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>NEW PORT RICHEY FL 34652</b>		1.4 CITY-ST-ZIP	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>OLESON, JEANNE</b>		2.2 NAME	
STREET ADDRESS <b>3975 ORCHARD HILL CIRCLE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM HARBOR FL 34684</b>		2.4 CITY-ST-ZIP	
TITLE <b>DST</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ABOUHAUNA, TONY</b>		3.2 NAME	
STREET ADDRESS <b>7307 FULLERTON COURT</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>NEW PORT RICHEY FL 34655</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TUREK, DAWN</b>		4.2 NAME	
STREET ADDRESS <b>3039 VILLAGE PARK DRIVE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>MELBOURNE FL 32834</b>		4.4 CITY-ST-ZIP	
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.

SIGNATURE: X *[Signature]* **4/28/98**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **006881**

CR2E037 (10/97)