


FILE NOW: FILING FEE IS \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90139 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000005109					
1. Corporation Name EVANGELISTIC MINISTRIES INCORPORATED					
Principal Place of Business 5300 NW 17 COURT LAUDERHILL FL 33313 US			Mailing Address 5231 NW 12 CT. LAUDERHILL FL 33313 US		



2. Principal Place of Business 21 2161 NW 4th Street Suite, Apt. #, etc. 22 A		2a. Mailing Address 26 2161 NW 4th Street Suite, Apt. #, etc. 27 A		3. Date Incorporated or Qualified 11/15/1993	
City & State 23 Fort Lauderdale, FL Zip 24 33311 Country 25 U.S.A.		City & State 28 Fort Lauderdale, FL Zip 29 33311 Country 30 U.S.A.		4. FEI Number 85-0454467	
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	

9. Name and Address of Current Registered Agent SMITH, JAMES 5300 NW 17 CT LAUDERHILL FL 33313				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	
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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

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	PCEO	1.1 TITLE	P/C/D
NAME	SMITH, CATHERINE	1.2 NAME	JAMES, SMITH
STREET ADDRESS	5300 NW 17 COURT	1.3 STREET ADDRESS	5300 NW 17 CT.
CITY-ST-ZIP	LAUDERHILL FL 33313	1.4 CITY-ST-ZIP	LAUDERHILL, FL. 33313
TITLE	VPD	2.1 TITLE	V/P/D
NAME	MCDONALD, VEDA	2.2 NAME	SMITH, CATHERINE
STREET ADDRESS	3820 JACKSON BLVD.	2.3 STREET ADDRESS	5300 NW 17 CT.
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	LAUDERHILL, FL. 33313
TITLE	CD	3.1 TITLE	S/D
NAME	SMITH, JAMES	3.2 NAME	MCDONALD, VEDA
STREET ADDRESS	5300 NW 17 CT	3.3 STREET ADDRESS	3820 JACKSON BLVD.
CITY-ST-ZIP	LAUDERHILL FL	3.4 CITY-ST-ZIP	FORT LAUDERDALE, FL. 33312
TITLE	SD	4.1 TITLE	T/D
NAME	FLETON, CAHTY	4.2 NAME	WILLIAMS, HANNAH
STREET ADDRESS	2861 NW 12 ST., #2	4.3 STREET ADDRESS	5231 NW 12 CT.
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	LAUDERHILL, FL. 33313
TITLE	SD	5.1 TITLE	D
NAME	FELTON, CAHTY	5.2 NAME	TAYLOR, BETTY
STREET ADDRESS	2861 N.W. 12 ST., #2	5.3 STREET ADDRESS	4040 NW 30th TERR #3
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	LAUDERDALE, LAKES 33309
TITLE		6.1 TITLE	D
NAME		6.2 NAME	KATHY, FELTON
STREET ADDRESS		6.3 STREET ADDRESS	3100 N 24TH AVE #166
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33020

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Smith - P 587-6379
 Date Daytime Phone #

CR2E037 (11/98)

0037551