


FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90139 022 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000005257					
1. Corporation Name LAST DAYS MINISTRIES, INC.					
Principal Place of Business 410 BASSADENA CIRCLE LAKELAND FL 33805			Mailing Address 410 BASSADENA CIRCLE LAKELAND FL 33805		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/19/1993	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number NOT APPLICABLE	
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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent HINTON, WILLIE 410 BASSADENA CIRCLE LAKELAND FL 33805				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

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	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HINTON, WILLIE			1.2 NAME			
STREET ADDRESS	410 BASSADENA CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33805			1.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIBSON, CHARLES			2.2 NAME			
STREET ADDRESS	1200 SHERWOOD OAK			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33805			2.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIBSON, RANDY			3.2 NAME			
STREET ADDRESS	410 BASSADENA CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33805			3.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HINTON, JERELN			4.2 NAME			
STREET ADDRESS	410 BASSADENA CIRCLE			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Willie Hinton

4-30-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)