

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004158 (1)**

1. Corporation Name

OHMEOMAH MUSIC MINISTRIES, INC.



Principal Place of Business 520 LEXINGTON ST. DUNEDIN FL 34698 US	Mailing Address 520 LEXINGTON ST. DUNEDIN FL 34698 US
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3. Date Incorporated or Qualified 08/22/1994
4. FEI Number 59-3261050
Applied For <input type="checkbox"/> Not Applicable

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

9. Name and Address of Current Registered Agent MAHARREY, MICHAEL R 520 LEXINGTON ST. DUNEDIN FL 34698	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	MAHARREY, MICHAEL R
STREET ADDRESS	520 LEXINGTON ST.
CITY-ST-ZIP	DUNEDIN FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	MAHARREY, REGINA S
STREET ADDRESS	520 LEXINGTON ST.
CITY-ST-ZIP	DUNEDIN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BOUT, DAVID
STREET ADDRESS	1512 CALIFORNIA PKWY NORTH
CITY-ST-ZIP	FT. WORTH TX
TITLE	D <input type="checkbox"/> DELETE
NAME	BOUT, BRENDA
STREET ADDRESS	1512 CALIFORNIA PKWY
CITY-ST-ZIP	FT. WORTH TX
TITLE	DVP <input type="checkbox"/> DELETE
NAME	EARLS, JEFFRY
STREET ADDRESS	1114 LEMON ST.
CITY-ST-ZIP	TARPOON SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	EARLS, JULIE
STREET ADDRESS	1114 LEMON ST.
CITY-ST-ZIP	TARPOON SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3804 OLD COTTONDALE RD.
3.4 CITY-ST-ZIP	MARIANNA, FL 32448
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3804 OLD COTTONDALE RD.
4.4 CITY-ST-ZIP	MARIANNA, FL 32448
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 on an Attachment with an address.

SIGNATURE _____ DATE **5-2-98**

CR2E037 (10/97)