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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N94000004339**

1. Corporation Name
INCREASE MINISTRIES, INC.

Principal Place of Business
 5046 KEATON CREST DR
 ORLANDO FL 32837
 US

Mailing Address
 P.O. BOX 690291
 ORLANDO FL 32869
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	P.O. Box 771761	09/06/1994	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Orlando FL	59-3260217	
24	Country	29	32877	Applied For	
		30	US	Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TANNER, SAM E 5046 KEATON CREST DR ORLANDO FL 32837				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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] President DATE 5-1-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHEWNING, CHARLES G	1.2 NAME	Russell Skrabut
STREET ADDRESS	2686 MERRIE OAKS ROAD	1.3 STREET ADDRESS	2217 Chadbourn Ct.
CITY-ST-ZIP	WINTER PARK FL 32792	1.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	TANNER, SAM E	2.2 NAME	
STREET ADDRESS	5046 KEATON CREST DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Director Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, TIM B	3.2 NAME	Tim B. West
STREET ADDRESS	10455 WATER HYACINTH DRIVE	3.3 STREET ADDRESS	714 Waterland Ct.
CITY-ST-ZIP	ORLANDO FL 32825	3.4 CITY-ST-ZIP	Orlando, FL 32828
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
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] Sam Tanner DATE 5-1-99 (407) 888-2526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)