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Jul 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # N94000004515 (2)

1. Corporation Name

RON CLARK MINISTRIES, INC.

Principal Place of Business

Mailing Address

6850 LIVING WATER PLACE
TAMPA FL 33610

6850 LIVING WATER PLACE
TAMPA FL 33610

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	09/14/1994	08/06/1996
Suite, Apt. #, etc	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-3300484	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	<input type="checkbox"/>	
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BING, ANITA K ESQ.
6850 LIVING WATER PLACE
TAMPA FL 33610

81 Name TRACEY A. MEISTER.
82 Street Address (P.O. Box Number is Not Acceptable)
6850 LIVING WATER PLACE.
83
84 City TAMPA FL 85 Zip Code 33610

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: *Tracey A. Meister* DATE: 4-29-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TP <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, RONALD H DR	1.2 NAME	
STREET ADDRESS	6850 LIVING WATER PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, BILL	2.2 NAME	
STREET ADDRESS	118800 196TH AVE. N.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ELKRIVER MN 55330	2.4 CITY-ST-ZIP	
TITLE	TV <input type="checkbox"/> DELETE	3.1 TITLE	DV <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, BELINDA REV.	3.2 NAME	
STREET ADDRESS	6850 LIVING WATER PL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	3.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	4.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORD, MICHAEL	4.2 NAME	
STREET ADDRESS	1907 SADDLE LAKE PL.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	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	300002234459 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-07/10/97--01004--002
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *DR. RONALD H. CLARK* DATE: 4/29/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DR. RONALD H. CLARK, PRESIDENT DATE: 04/29/97 DAYTIME PHONE: (813) 620-4551

CR2E037 (9/96)