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Mar 30 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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



3. Date Incorporated or Qualified

09/14/1994

4. FEI Number

59-3300484

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEISTER, TRACEY
6850 LIVING WATER PLACE
TAMPA FL 33610

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

Tracey A. Meister

TRACEY A. MEISTER

3-12-98

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CLARK, RONALD H DR
STREET ADDRESS 6850 LIVING WATER PLACE
CITY-ST-ZIP TAMPA FL 33610

TITLE D
NAME MATTHEWS, BILL
STREET ADDRESS 11800 198TH AVE. N.W.
CITY-ST-ZIP ELKRIEVE MD 55330

TITLE DV
NAME CLARK, BELINDA REV
STREET ADDRESS 6850 LIVING WATER PLACE
CITY-ST-ZIP TAMPA FL 33610

TITLE DST
NAME MCCORD, MICHAEL
STREET ADDRESS 1907 SADDLE LAKE PLACE
CITY-ST-ZIP BRANDON FL 33511

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, or on an attachment with an address.

SIGNATURE:

Doan

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15 mar 98

813.620.4551

CR2E037 (10/97)