

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

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

05-07-1999 90143 028 \*\*\*\*61.25

**DOCUMENT # N94000004515**

1. Corporation Name

**RON CLARK MINISTRIES, INC.**

Principal Place of Business  
**6850 LIVING WATER PLACE  
TAMPA FL 33610**

Mailing Address  
**6850 LIVING WATER PLACE  
TAMPA FL 33610**



519460 - 90143 - 28

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**09/14/1994**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-3300484**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-29-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE **D** ☒ DELETE  
NAME **MATTHEWS, BILL**  
STREET ADDRESS **11800 196TH AVE. N.W.**  
CITY-ST-ZIP **ELKRIEVE MD 55330**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **Mel Myer**  
2.3 STREET ADDRESS **1304 Harness Horse Lane #102**  
2.4 CITY-ST-ZIP **Brandon, FL 33511**

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

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**4-29-99 813.620.4551**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)