FILE NOW: FILING FEE IS \$61.25

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1999 99 MAY 13 AMII: 12 DOCUMENT # N94000004994 1. Corporation Name MELANAS DE FLORIDA JAMES HAYWOOD MINISTRIES, INC. Principal Place of Business Mailing Address 2908 HARWOOD STREET 2908 HARWOOD STREET TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualifed 10/11/1994 21 26 FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 59-3322324 27 Not Applicable City & State City & State \$8.75 Additional 5. Certificate of Status Desired Fee Required 28 Zio Country Zio Country 6. Election Campaign Financing **\$5.00** May Be 25 29 30 Trust Fund Contribution Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAYWOOD, JAMES M Street Address (P.O. Box Number is Not Acceptable) 2908 HARWOOD STREET 83 TALLAHASSEE FL 32301 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change Addition TITLE 1.1 TITLE HAYWOOD, JAMES M NAME 12 NAME 2906 HARWOOD STREET STREET ADDRESS 13 STREET ADDRESS TALLAHASSEE FL 32301 CITY-ST-ZW 1.4 CITY-ST-ZIP Addition DELETE []] Change 21 TITLE HAYWOOD, CLAUDIA M 5000002880395 NAME 22 NAME 2908 HARWOOD STREET -05/19/99--01073--001 2.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32301 *****70.00 *******70.00 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE ☐ Addition SPEIGHTS. WILMER F 3.2 NAME 2908 HARWOOD STREET STREET ADORESS 3.3 STREET ADDRESS TALLAHASSEE FL 32301 XTY-ST-ZXP 3.4. C(TY-ST-Z)P DELETE ☐ Addition ITILE 41 TITLE NAME 4 2 NAME STREET ADORESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5 1 TITLE [] Change Addition 52 NAME NAME 53 STREET ADORESS STREET ADDRESS 54 CiTY-ST-ZIP CITY-ST-ZIP 61 TITLE DELETE TITLE [] Change Addition

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 chapter), or on an attachment with an address, with all other like empowered

64 CITY, ST. 7IP

62 NAME 6.3 STREET ADORESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

James M. Haynow ?