**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**
**Apr 25, 1999 8:00 am**
**Secretary of State**
04-25-1999 90045 028 ****61.25

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DOCUMENT # N95000000157

1. Corporation Name
FORWARD MINISTRIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5620 E. FOWLER AVE.<br>SUITE 8<br>TAMPA FL 33617<br>US | 5620 E. FOWLER AVE.<br>SUITE 8<br>TAMPA FL 33617<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>01/09/1995 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-3297746 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

9. Name and Address of Current Registered Agent

BLACKBURN, DENNIS L
C/O 1800 FIRST UNION NATIONAL BANK TOWER
225 WATER ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | VAN ROOYEN, LEON D REV. | | 1.2 NAME | | |
| STREET ADDRESS | 16312 ARMSTRONG PL | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33647 | | 1.4 CITY-ST-ZIP | | |
| TITLE | DS | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SUMMERS, STANLEY | | 2.2 NAME | | |
| STREET ADDRESS | 57 SARAH AVE. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SPRINGFIELD IL | | 2.4 CITY-ST-ZIP | | |
| TITLE | DT | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | VAN ROOYEN, BRIDGETTE | | 3.2 NAME | | |
| STREET ADDRESS | 16312 ARMSTRONG PL | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33647 | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | THOMAS, GEORGE REV. | | 4.2 NAME | Welch, Nick | |
| STREET ADDRESS | 18620 S. KEDZIE AVE. | | 4.3 STREET ADDRESS | 700 S. Courtenay Pkwy | |
| CITY-ST-ZIP | HOMEWOOD FL 60430 | | 4.4 CITY-ST-ZIP | Merrit Island FL 32953 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SUMMERS, ROSANN | | 5.2 NAME | | |
| STREET ADDRESS | 57 SARAH AVE. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SPRINGFIELD IL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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 Bridgette Van Rooyen 4/21/99 975-1098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #