

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Aug 03 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000002227 (5)**  
 1. Corporation Name  
**S.U.P.P.O.R.T. MINISTRIES, INC.**



Principal Place of Business <b>412 ZACK ST. TAMPA FL 33602</b>	Mailing Address <b>8480 SHELDON RD. SUITE 128 TAMPA FL 33615</b>
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3. Date Incorporated or Qualified <b>05/09/1995</b>	
4. FEI Number <b>59-3463611</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**GILES, JOHN L REV.  
8716 BOYSENBERRY DR.  
TAMPA FL 83635**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 REV. JOHN L. GILES DATE 6/7/98

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

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GILES, JOHN L</b>	
STREET ADDRESS	<b>8716 BOYSENBERRY DR.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33635</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>WASHINGTON, GEORGE</b>	
STREET ADDRESS	<b>8808 E. LAMBRIGHT ST.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33610</b>	
TITLE	<b>I</b>	<input type="checkbox"/> DELETE
NAME	<b>OBRIEN, LESTER</b>	
STREET ADDRESS	<b>1705 N. HOWARD AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LETZKUS, LINDA P</b>	
STREET ADDRESS	<b>9225 W PATERSON ST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33015</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, LAWRENCE</b>	
STREET ADDRESS	<b>3703 E. SHADOWLAWN AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33635</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BUFORD, KARAN</b>	
STREET ADDRESS	<b>4208 BRENTWOOD PARK CIRCLE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**600002608415**  
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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.

CR2E037 (10/97)