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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N95000002227

1. Corporation Name

S.U.P.P.O.R.T. MINISTRIES, INC.

Principal Place of Business

412 ZACK ST.
TAMPA FL 33602

Mailing Address

8480 SHELDON RD.
SUITE 128
TAMPA FL 33615

557098-90100-15 8



2. Principal Place of Business

21 1001 N. Florida Ave

2a. Mailing Address

26 P.O. Box 15596

3. Date Incorporated or Qualified

05/09/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-3463611

Applied For
Not Applicable

City & State

23 TAMPA FL

City & State

28 TAMPA FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

24 33602 25 Hillsborough

Zip Country

29 33684 30 Hillsborough

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GILES, JOHN L REV.
8716 BOYSENBERRY DR.
TAMPA FL 33635

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

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

(NOTE: Registered Agent signature required when reinstating)

May 14, 1999

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE

NAME GILES, JOHN L
STREET ADDRESS 8716 BOYSENBERRY DR.
CITY-ST-ZIP TAMPA FL 33635

1.1 TITLE Change Addition

TITLE VPD DELETE

NAME WASHINGTON, GEORGE
STREET ADDRESS 3608 E. LAMBRIGHT ST.
CITY-ST-ZIP TAMPA FL 33610

2.1 TITLE Change Addition

TITLE T DELETE

NAME OBRIEN, LESTER
STREET ADDRESS 1705 N. HOWARD AVE.
CITY-ST-ZIP TAMPA FL 33607

3.1 TITLE Change Addition

T
Jimmie JACKSON
2001 E. EMMA
TAMPA, FL 33610

TITLE D DELETE

NAME ANDERSON, LAWRENCE
STREET ADDRESS 3703 E. SHADOWLAWN AVE.
CITY-ST-ZIP TAMPA FL 33635

4.1 TITLE Change Addition

TITLE D DELETE

NAME BUFORD, KARAN
STREET ADDRESS 4208 BRENTWOOD PARK CIRCLE
CITY-ST-ZIP TAMPA FL 33624

5.1 TITLE Change Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 14, 1999 813-855-7703

DATE

Daytime Phone #

CR2E037 (1/98)