


FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N95000004327 (1)**

1. Corporation Name

EDDIE AND BECKY CAIN MINISTRIES, INC.

Principal Place of Business

Mailing Address

**305 S. EDMON AVE.
WINTER SPRINGS FL 32708**

**305 S. EDMON AVE.
WINTER SPRINGS FL 32708
US**



3. Date Incorporated or Qualified

09/07/1995

4. FEI Number

50-3427207

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BASS, TERRI LYNN
607 E. OAKHURST ST.
ALTAMONTE SPRINGS FL 32701**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **CAIN, JOHN EDWARD**
STREET ADDRESS **305 S. EDMON AVE.**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Danielle Valeria Watts**
1.3 STREET ADDRESS **505 North Carolina Run**
1.4 CITY-ST-ZIP **Sanford, FL 32773**

TITLE **VD** ☐ DELETE

NAME **CAIN, BECKY SUE**
STREET ADDRESS **305 S. EDMON AVE.**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE

NAME **HENDERSON, DAVID P**
STREET ADDRESS **199 HILL ST.**
CITY-ST-ZIP **CASSELBERRY FL 32707**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **GOOD, JEFF**
STREET ADDRESS **415 NORWOOD CT.**
CITY-ST-ZIP **OVIEDO FL 32765**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE

NAME **STEPHENS, ALICE**
STREET ADDRESS **3423 PAISLEY CIR.**
CITY-ST-ZIP **ORLANDO FL 32817**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **WELCH, KIMBERLY MARIE**
STREET ADDRESS **104 AZALEA CT.**
CITY-ST-ZIP **KINGSLAND GA 32548**

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.

SIGNATURE:



John Edward Cain 5/1/98 (407) 327-2331

CR2E037 (10/97)