


FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90200 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000004327					
1. Corporation Name EDDIE AND BECKY CAIN MINISTRIES, INC.					
Principal Place of Business 305 S. EDMON AVE. WINTER SPRINGS FL 32708			Mailing Address PO BOX 195818 WINTER SPRINGS FL 32719-818 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/07/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3427207	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

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	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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAIN, JOHN EDWARD			1.2 NAME			
STREET ADDRESS	305 S. EDMON AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAIN, BECKY SUE			2.2 NAME			
STREET ADDRESS	305 S. EDMON AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708			2.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENDERSON, DAVID P			3.2 NAME			
STREET ADDRESS	199 HILL ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL 32707			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOOD, JEFF			4.2 NAME			
STREET ADDRESS	415 NORWOOD CT.			4.3 STREET ADDRESS			
CITY-ST-ZIP	OVIEDO FL 32765			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WATTS, DANIELLE V			5.2 NAME			
STREET ADDRESS	505 N CAROLINA RUN			5.3 STREET ADDRESS			
CITY-ST-ZIP	SANFOR FL 32773			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WELCH, KIMBERLY MARIE			6.2 NAME			
STREET ADDRESS	104 AZALEA CT.			6.3 STREET ADDRESS			
CITY-ST-ZIP	KINGSLAND GA 32548			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: John Edward Cain Pres. 4/28/99 (407) 327-2331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)