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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000006032			
1. Corporation Name SHEPHERD'S MEN'S BASKETBALL MINISTRY, INC.			
Principal Place of Business NEW MT. ZION MISSIONARY BAPTIST CHURCH 2511 E. COLUMBUS DR. TAMPA FL 33605		Mailing Address PO BOX 12782 ST PETERSBURG FL 33733	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 12/18/1995		4. FEI Number 59-3384864	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WILLIAMS, CLYDE 2662 FOURTH AVE. N ST PETERSBURG FL 33710		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME CDP WILLIAMS, WALTER STREET ADDRESS 2403 TROPICAL SHORE DR CITY-ST-ZIP ST. PETERSBURG FL 33705		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE NAME D PETERS, HERBERT STREET ADDRESS P.O. BOX 4248 (NA) CITY-ST-ZIP SEMINOLE FL 34645		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME VCD TARVER, FLEMING STREET ADDRESS 2500 PENNSYLVANIA AVE. N. CITY-ST-ZIP CLEARWATER FL 34615		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE NAME DST HOLLOWAY, JOSEPH STREET ADDRESS 532 33RD ST. S CITY-ST-ZIP ST PETERSBURG FL 33712		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE NAME D JONES, ERNEST STREET ADDRESS 505 35TH ST. S CITY-ST-ZIP ST PETERSBURG FL 33712		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME D HOPKINS, CALVIN STREET ADDRESS 1820 WALTOS ST SOUTH CITY-ST-ZIP ST PETERSBURG FL 33712		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



CR2E037 (1/98)

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: *Walter J. Williams* **4-26-99** **894-2698**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #