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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000058 (5)**
1. Corporation Name

MINISTRY WIVES NETWORK INTERNATIONAL, INC.



Principal Place of Business 1712 PAISLEY BLUE CT 237 VIENNA VA 22182 US	Mailing Address 1712 PAISLEY BLUE ST COURT 237 VIENNA VA 22182 US
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3. Date Incorporated or Qualified 12/27/1995		
4. FEI Number 65-0680104	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
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 No Tax		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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B. Name and Address of Current Registered Agent

**OSTERHOUT, JULIE M
10175-4 SIX MILE CYPRESS PARKWAY
FT. MYERS FL 33912**

10. Name and Address of New Registered Agent

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 **OSTERHOUT, JULIE M.** DATE **1-7-98**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DUGAN, MARILYN W	
STREET ADDRESS	1712 PAISLEY BLUE COURT	
CITY-ST-ZIP	VIENNA VA	
TITLE	SG	<input type="checkbox"/> DELETE
NAME	GREENLEY, JANICE	
STREET ADDRESS	P.O. BOX 3036 WA	
CITY-ST-ZIP	GAITHERSBURG MD	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	OGDEN, BETTY	
STREET ADDRESS	9535 FRANKLIN AVE.	
CITY-ST-ZIP	LANHAM MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VICE PRESIDENT	
1.3 STREET ADDRESS	WINNIE BARTEL	
1.4 CITY-ST-ZIP	270 ELM SHAPTER, CA 93263	
2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JANICE GREENLEY	
2.3 STREET ADDRESS	13406 CHATSFORD COURT	
2.4 CITY-ST-ZIP	WOODBIDGE, VA 22191	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	OGDEN, BETTY	
3.3 STREET ADDRESS	9535 FRANKLIN AVE.	
3.4 CITY-ST-ZIP	LANHAM, MD 20706	
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		

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: **Marilyn W Dugan, President** DATE: **1-7-98** TELEPHONE: **703/281-1885**

CR2E037 (10/97)