


FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90018 029 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000058

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 CT 237 VIENNA VA 22182 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/27/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0680104
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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 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 FL 85 Zip Code
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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 1-15-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DV	NAME BARTEL, WINNIE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President (SME)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 270 ELM	CITY-ST-ZIP SHAFTER, CA 93263		1.2 NAME MARILYN W. DUGAN		
			1.3 STREET ADDRESS 1712 PAISLEY BLUE COURT		
			1.4 CITY-ST-ZIP VIENNA VA 22182		
TITLE DT	NAME GREENLEY, JANICE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13406 CHATSFORD CT	CITY-ST-ZIP WOODBIDGE VA 22191		2.2 NAME JANICE GREENLEY		
			2.3 STREET ADDRESS 13406 CHATSFORD CT		
			2.4 CITY-ST-ZIP WOODBIDGE VA 22191		
TITLE DS	NAME OGDEN, BETTY	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 9535 FRANKLIN AVE	CITY-ST-ZIP LANHAM MD 20706		3.2 NAME LAGRETTA BUTLER		
			3.3 STREET ADDRESS 12038 Sugarland Valley Drive		
			3.4 CITY-ST-ZIP Herndon, VA 22070		
TITLE	NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			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: Marilyn W. Dugan SIGNATURE REQUIRED DATE 1-15-99 DAYTIME PHONE 703/281-1885
Signature, typed or printed name of signing officer or director

CR2E037 (11/88)