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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90073 014 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000000809**

1. Corporation Name

**RAD MINISTRIES, INC.**

Principal Place of Business

Mailing Address

1810 IMESON RD  
 JACKSONVILLE FL 32220  
 US

P.O. BOX 6483  
 JACKSONVILLE FL 32236-6483  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/15/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3447091	
24 Country		29 Country		30	
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

TAYLOR, A. REGINALD III  
 1810 IMESON RD  
 JACKSONVILLE FL 32220

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, A R III	1.2 NAME	
STREET ADDRESS	1810 IMESON RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, PAMELA	2.2 NAME	
STREET ADDRESS	1810 IMESON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAINWRIGHT, ALLEN B III	3.2 NAME	
STREET ADDRESS	1716 GROVE PARK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRAH, KAREN	4.2 NAME	KAREN FARRAH
STREET ADDRESS	9188 CAMSHIRE DR	4.3 STREET ADDRESS	9188 CAMSHIRE DR.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JAX. FL.
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WURSTER, JAN	5.2 NAME	JAN WURSTER
STREET ADDRESS	3858 BOONE PARK AVE.	5.3 STREET ADDRESS	3858 BOONE PARK AVE
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	JAX. FL.
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATMON, DUANE	6.2 NAME	DUANE EATMON
STREET ADDRESS	3312 SE 18TH TERR	6.3 STREET ADDRESS	8355 SE. 57TH DRIVE
CITY-ST-ZIP	OKEECHOBEE FL	6.4 CITY-ST-ZIP	OKEECHOBEE, FL

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:

*Reginald Taylor III*  
 TAYLOR, A. REGINALD III

4/26/99

904-693-0221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)