


FILE NOW: FILING FEE IS \$61.25

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Mar 26 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 # **N96000001171 (5)**

1. Corporation Name

NICKERSON MINISTRIES, INC.



Principal Place of Business	Mailing Address
2511 N GRADY AVE 56 TAMPA FL 33607 US	2511 N GRADY AVE 56 TAMPA FL 33607 US

2. Principal Place of Business	2a. Mailing Address
21 13902 N. Dale Mabry Suite, Apt. #, etc. 22 # 119 City & State 23 Tampa FLORIDA Zip 24 33618	26 13902 N. Dale Mabry Suite, Apt. #, etc. 27 # 119 City & State 28 Tampa FL Zip 29 33618
Country 25 USA	Country 30 US

3. Date Incorporated or Qualified	03/04/1996	
4. FEI Number	31-1478515	Applied For Not Applicable
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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NICKERSON, HARDY O 18809 AVENUE BIARRITZ LUTZ FL 33549	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 *Hardy O. Nickerson* DATE **1/26/98**

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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKERSON, HARDY O	1.2 NAME	
STREET ADDRESS	18809 AVENUE BIARRITZ	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKERSON, AMYLURINE C	2.2 NAME	
STREET ADDRESS	18809 AVENUE BIARRITZ	2.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FESTE, GREG	3.2 NAME	
STREET ADDRESS	4885 SWEETWATER BLVD SUITE 105	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUGAR LAND TX 77479	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Philip Pulido or Pulido, Philip
STREET ADDRESS		4.3 STREET ADDRESS	2915 W. Fern St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tampa, FL 33614
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Hardy O. Nickerson*

1/26/98

CR2E037 (10/97)