


FILE NOW: FILING FEE IS \$61.25

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Mar 08, 1999 8:00 am
Secretary of State

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| * NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N96000002659

1. Corporation Name
CHRISTIAN ASSEMBLY MINISTRIES INC.

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| Principal Place of Business 156 SWEETGUM LANE PORT ORANGE FL 32119 US | Mailing Address 156 SWEETGUM LANE PORT ORANGE FL 32119 US |
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| 2. Principal Place of Business 21 843 CLEAR LAKE DR Suite, Apt. #, etc. | 2a. Mailing Address 26 843 CLEAR LAKE D Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 05/20/1996 |
| 22 | 27 | 4. FEI Number 57-0903654 Applied For Not Applicable |
| 23 City & State PORT ORANGE, FL | 28 City & State PORT ORANGE, FL | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 Zip 32127 25 Country USA | 29 Zip 32127 30 Country USA | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 9. Name and Address of Current Registered Agent JACKSON, ROBERT W 156 SWEETGUM LANE PORT ORANGE FL 32119 | 10. Name and Address of New Registered Agent 81 Name ROBERT W JACKSON 82 Street Address (P.O. Box Number is Not Acceptable) 843 CLEAR LAKE DR 83 84 City PORT ORANGE FL 85 Zip Code 32127 |
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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 Robert W Jackson DATE 1/22/99
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 <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JACKSON, DOROTHY A | 1.2 NAME | |
| STREET ADDRESS | 156 SWEETGUM LANE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT ORANGE FL 32119 | 1.4 CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JACKSON, ROBERT W | 2.2 NAME | |
| STREET ADDRESS | 156 SWEETGUM LANE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT ORANGE FL 32119 | 2.4 CITY-ST-ZIP | |
| TITLE | DST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LYONS, BARBARA | 3.2 NAME | |
| STREET ADDRESS | 2442 ZAGATO COURT | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIDDLEBURG FL 32068 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| 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, with all other like empowered.

SIGNATURE: Robert W Jackson DATE: 1/22/99 DAYTIME PHONE: 904 767-2107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)