FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 27 1998 8:00am
Secretary of State

DOCUMENT # N96000004728 (9)

1. Corporation Name
KLUJICS MINISTRIES, INC.

Principal Place of Business	Mailing Address
271 S 7 STRET MACCLENNY FL 32063	271 S 7 STRET MACCLENNY FL 32063

3. Date Incorporated or Qualified: 09/09/1996

4. FEI Number: APPLIED FOR 31-1542637 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

9. Name and Address of Current Registered Agent

RIOS, HERMAN
271 S 7 STRET
MACCLENNY FL 32063

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

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 _____ DATE
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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RIOS, HERMAN		1.2 NAME		
STREET ADDRESS	P O BOX 373 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	MACCLENNY FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GORE, POLLY		2.2 NAME		
STREET ADDRESS	P O BOX 373 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	MACCLENNY FL 32063		2. 4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HERALD, JAY		3.2 NAME		
STREET ADDRESS	P.O. BOX 414 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	MACCLENNY FL 32063		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	STOWE, RUSTY		4. 2 NAME	STOWE, RUSTY	
STREET ADDRESS	4206 N. WHEELER		4.3 STREET ADDRESS	~~4206~~ 4936 NW 18TH TERR	
CITY-ST-ZIP	BETHANY OK 73008		4.4 CITY-ST-ZIP	OKC, OKLA. 73127	
TITLE	VP	☐ DELETE	5.1 TITLE	VP	☐ Change ☐ Addition
NAME	GIRLACH, GIB		5.2 NAME	GIRLACH, GIB	
STREET ADDRESS	2848 HUBERT HEIGHTS DRIVE		5.3 STREET ADDRESS	6768 LAS COLINAS ST	
CITY-ST-ZIP	LAS VEGAS NV		5.4 CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RIOS, GWEN		6.2 NAME		
STREET ADDRESS	P.O. BOX 373 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	MACCLENNY FL 32063		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: SIGNATURE REQUIRED 1-13-98 904-259-5523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #