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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90114 042 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005023**

1. Corporation Name

**SEEKERS INTERNATIONAL MINISTRIES, INC.**

Principal Place of Business  
11402 RIVER KNOLL DRIVE  
JACKSONVILLE FL 32225

Mailing Address  
P O BOX 2263  
KILMARNOCK VA 22482  
US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>09/26/1996</b> 4. FEI Number <b>59-3402482</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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9. Name and Address of Current Registered Agent

**GEIGER, WESLEY P**  
**11402 RIVER KNOLL DRIVE**  
**JACKSONVILLE FL 32225**

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

*Wesley P. Geiger*  
Signature, typed or printed name of registered agent and title if applicable

*Wesley P. Geiger*  
(NOTE: Registered Agent signature required when reinstating)

*President*  
DATE **2/15/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIGER, WESLEY P	1.2 NAME	
STREET ADDRESS	1058 HARMONY HILLS CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	HEATHSVILLE VA 22473	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, PAUL	2.2 NAME	
STREET ADDRESS	11930 HARBOUR COVE DRIVE S	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, LEE	3.2 NAME	
STREET ADDRESS	83 CHEROKEE TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	KILMARNOCK VA 22482	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIGER, DONNA	4.2 NAME	
STREET ADDRESS	1058 HARMONY HILLS CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	HEATHSVILLE VA 22473	4.4 CITY-ST-ZIP	
TITLE		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		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:

*Wesley P. Geiger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Wesley P. Geiger*  
DATE **2/15/99** DAYTIME PHONE # **804-580-3400**

CR2E037 (1/98)