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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000005227

1. Corporation Name
FOR ALL "HIS" CHILDREN, CHRISTIAN MINISTRIES, IN C.

480074 - 90106 - 37

Principal Place of Business: 2347 FLORIDA DR DELTONA FL 32738
 Mailing Address: P O BOX 390081 DELTONA FL 32739 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/07/1996	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	59-3450894	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25	Country	30	Country	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				10. Name and Address of New Registered Agent			
GREGORY, PHYLLIS B 2347 FLORIDA DR DELTONA FL 32738				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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, PHYLLIS B	1.2 NAME	
STREET ADDRESS	2347 FLORIDA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32738	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, MARK E	2.2 NAME	DVS Gregory, Mark
STREET ADDRESS	2347 FLORIDA DR	2.3 STREET ADDRESS	2347 Florida Dr
CITY-ST-ZIP	DELTONA FL 32738	2.4 CITY-ST-ZIP	Deltona, FL 32738
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVERE, AGNUS M	3.2 NAME	
STREET ADDRESS	2728 KINGSDALE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32738	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAVERE, JOHN A	4.2 NAME	Treasurer - DT Young, Natalie
STREET ADDRESS	2728 KINGSDALE DR	4.3 STREET ADDRESS	1519 Gregory Dr
CITY-ST-ZIP	DELTONA FL 32738	4.4 CITY-ST-ZIP	Deltona, FL 32738
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Board Member - C Young, Christopher
STREET ADDRESS		5.3 STREET ADDRESS	1519 Gregory Dr
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Deltona FL 32738
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: *Phyllis B Gregory* DATE: 4-25-99 DAYTIME PHONE: 904-532-2776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)