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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90036 028 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000006072					
1. Corporation Name DAVID ANDREWS MINISTRIES, INC.					
Principal Place of Business 455 DEPOT AVENUE DELRAY BEACH FL 33447			Mailing Address 455 DEPOT AVENUE DELRAY BEACH FL 33447		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/02/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0704169	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		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 ANDREWS, DAVID 455 DEPOT AVENUE DELRAY BEACH FL 33447				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 617.0903, Florida Statutes.					

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME ANDREWS, DAVID				1.2 NAME			
STREET ADDRESS 455 DEPOT AVENUE				1.3 STREET ADDRESS			
CITY-ST-ZIP DELRAY BEACH FL 33447				1.4 CITY-ST-ZIP			
TITLE SD <input checked="" type="checkbox"/> DELETE				2.1 TITLE ASSISTANT CHAIRPERSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME ANDREWS, GENE'				2.2 NAME COURTNEY CAIN			
STREET ADDRESS 455 DEPOT AVENUE				2.3 STREET ADDRESS 1900 N.E. 2nd Lane			
CITY-ST-ZIP DELRAY BEACH FL 33447				2.4 CITY-ST-ZIP Boynton Beach, FL 33435			
TITLE TO <input type="checkbox"/> DELETE				3.1 TITLE			
NAME ANDREWS, JULIA				3.2 NAME			
STREET ADDRESS 455 DEPOT AVENUE				3.3 STREET ADDRESS			
CITY-ST-ZIP DELRAY BEACH FL 33447				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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)