


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000225 (9)**

1. Corporation Name

DAVID SUTTON MINISTRIES, INCORPORATED



Principal Place of Business 13901 UPPER MANATEE RIVER ROAD PLANTATION FL 34202	Mailing Address 13901 UPPER MANATEE RIVER ROAD PLANTATION FL 34202
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3. Date Incorporated or Qualified

01/01/1997

4. FEI Number **65-0731280**

N97000000225

Applied For

Not Applicable

2. Principal Place of Business 21 13901 BLESSINGS WAY	2a. Mailing Address 26 13901 BLESSINGS WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23 BRADENTON FLORIDA	City & State 28 BRADENTON, FLORIDA
Zip 24 34202	Zip 29 34202
Country 25 U.S.A.	Country 30 U.S.A.

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

9. Name and Address of Current Registered Agent

**LEE, RICHARD V
240 N WASHINGTON BLVD
SUITE 200
SARASOTA FL 34238**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

FL

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

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 PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DAVID SUTTON		1.2 NAME DAVID SUTTON	
STREET ADDRESS 13901 BLESSINGS WAY		1.3 STREET ADDRESS 13901 BLESSINGS WAY	
CITY-ST-ZIP BRADENTON, FLORIDA 34202		1.4 CITY-ST-ZIP BRADENTON, FLORIDA 34202	
TITLE RANDY CRUISE	<input type="checkbox"/> DELETE	2.1 TITLE RANDY CRUISE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SECRETARY		2.2 NAME SECRETARY	
STREET ADDRESS 4100 SOUTH EAST 20TH AVE		2.3 STREET ADDRESS 4100 SOUTH EAST 20TH AVE.	
CITY-ST-ZIP KEYSTONE HTS, FLORIDA 32656		2.4 CITY-ST-ZIP KEYSTONE HTS, FLORIDA 32656	
TITLE TREASURER	<input type="checkbox"/> DELETE	3.1 TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOY SUTTON		3.2 NAME JOY SUTTON	
STREET ADDRESS 13901 BLESSINGS WAY		3.3 STREET ADDRESS 13901 BLESSINGS WAY	
CITY-ST-ZIP BRADENTON, FLORIDA 34202		3.4 CITY-ST-ZIP BRADENTON, FLORIDA 34202	
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.

SIGNATURE

CR2E037 (10/97)