## **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** 

DOCUMENT # N9700000258 (0)

**FILED** Feb 10 1998 8:00am Secretary of State

TODAY'S MINISTRY, INC.						I INDINO AND COM INDIA COM COME COME COME COME COME COME COME		
Principal Place of Business			Mailing	Mailing Address				I JADDISTAL DIR JANK JARIN KRAIN BANK BANK BANK BANK BANK BANK BANK BAN
4714 ALMARK DRIVE ORLANDO FL 32839				POST OFFICE BOX 551008 ORLANDO FL 32855-1008				3. Date incorporated or Qualified 01/13/1997
								4. FEI Number Applied For
								59-3430787   Not Applicable
21	lace of Busines	S	26	ng Address			.,-	5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt.	#, etc.		<u> </u>	, Apt. #, etc.				Election Campaign Financing \$5.00 May Be
22 City 8 Ctnt				City & State				Trust Fund Contribution
City & State			<b>⊢</b> `	<b>⊢</b> ′				7. Is this nonprofit corporation a homeowners association?
23 Zin	Zip Country			Zip Country			<del> </del>	<del></del>
24	25			29 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
<u> </u>		d Address of Curi			<u> </u>			10. Name and Address of New Registered Agent
					81	N	ame	
HALL M	ENRY PASTO	<b>D</b>				ļ		(2.0.2)
	MARK DRIVE	n .			82	St	reet Addre	ess (P.O. Box Number is Not Acceptable)
	O FL 32839				63	$\vdash$		
UNDANO	U FE SESSE				L	L_		
					84	Ç	ity	FL 85 Zip Code
11. Pursuant	to the provision	s of Sections 617.0	502 and 617.150	8. Florida Statutes	, the abov	u re-na	med corpo	
office or r	egistered agent	, or both, in the Sta	ite of Florida, Such	ch change was au	thorized b	y the	corporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
	iti tariiniar witi,	and accept the on	ilgations of, aecti	011 6 17 .0303, FI018	ua Statute	8.		
SIGNATURE .	Signature, typed or p	rinted name of registered	agent and tille if applica	able. (NOTE: I	Registered Ag	ent siç	nature required	d when reinstating) DATE
12.		OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			DELETE	1.1 TITLE			Change Addition
NAME	HALL, HEN	RY PASTOR			1.2 NAME		Ì	
STREET ADDRESS	4714 ALMA	rk drive			1.3 STREE	t addi	RESS	
CITY-ST-ZIP	<b>ORLANDO</b>	FL 32839			1.4 CiTy -	ST-ZIP	·	
TITLE	D			DELETE	2.1 TITLE			Change Addition
NAME	HALL, DEN	SE			2.2 NAME			
STREET ADDRESS	4714 ALMA	rk drive			2.3 STREE	r addf	RESS	
CITY-ST-ZIP	ORLANDO	FL 32839			2. 4 CITY-	ST - ZII	P	
TITLE	D			DELETE	3.1 TITLE		Ric	chardson, Kathryn Rev.
NAME		BETTY REV.			3.2 NAME			8 S. Goldwyn Avenue
STREET ADDRESS	4707 WALD				3.3 STREE	r addf		lando, FL 32839
CITY-ST-ZIP	ORLANDO	FL 32811			3.4. CITY-	ST-ZIF	.   011	
TITLE				☐ DELETE	4.1 TITLE			Change Addition
NAME					4. 2 NAME			
STREET ADDRESS					4.3 STREE	ADDF	RESS	
CITY-ST-ZIP					4.4 CITY -	ST-ZIP		
TITLE				DELETE	5.1 TITLE			☐ Change ☐ Addition
RAME					5.2 NAME			
STREET ADDRESS					5.3 STAEE			
CITY-ST-ZIP				The second	5.4 CITY	ST-ZIP		D 0
TITLE				☐ DELETE	6.1 TITLE			Change Addition
NAME					6.2 NAME			
STREET ADDRESS					6.3 STREE		1	
CITY-ST-ZIP					6.4 CITY	ST-ZIP	Ш.	

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 coelevor 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 chapter 617, and that my name appears in address.