


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000409 (9)**

1. Corporation Name

W.L. MITCHELL MINISTRIES, INC.



Principal Place of Business

Mailing Address

**4441 WEST SUNRISE BLVD.
PLANTATION FL 33313**

**4441 WEST SUNRISE BLVD.
PLANTATION FL 33313**

3. Date Incorporated or Qualified

01/21/1997

4. FEI Number

☒ Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **4111 N.W. 99 TERR**

22 City & State

27 Suite, Apt. #, etc.

28 **(NA)**

23 Zip Country

29 **FL.** **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

**MITCHELL, WILLETT DR.
4441 WEST SUNRISE BLVD.
PLANTATION FL 33313**

10. Name and Address of New Registered Agent

81 Name **Mitchell, Willett Dr.**
82 Street Address (P.O. Box Number is Not Acceptable) **4111 N.W. 99 Terr (NA)**
83
84 City **Sunrise** **FL** **85** Zip Code **33317**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MITCHELL, WILLETT	
STREET ADDRESS	4111 N.W. 99TH TERRACE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	AUSTIN, SHEWANDIA	
STREET ADDRESS	4111 N.W. 99TH TERRACE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, B J	
STREET ADDRESS	1520 WILTSHIRE VILLAGE DR	
CITY-ST-ZIP	W PALM BEACH FL 33407	
TITLE	MEM	<input type="checkbox"/> DELETE
NAME	MAJORS, JIMMIE	
STREET ADDRESS	4924 STEPPLETON WAY	
CITY-ST-ZIP	CHARLOTTE NC 28215	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Dr. Willett Mitchell*

3/1/98

(981) 247-9971

CR25037 (10/97)