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Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90007 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000714

1. Corporation Name

MICHAEL SOUD MINISTRIES, INC.

Principal Place of Business

POST OFFICE BOX 23864
JACKSONVILLE FL 32241

Mailing Address

POST OFFICE BOX 23864
JACKSONVILLE FL 32241

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 P.O. Box 83	26 P.O. Box 83	02/05/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3428341
City & State	City & State	Applied For
23 WAKE FOREST, NC	28 WAKE FOREST, NC	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24 27588	29 27588	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	<input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent

SOUD, MICHAEL M
3801 CROWN POINT ROAD #1221
JACKSONVILLE FL 32241

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	4115 MARQUETTE AVE
83	
84 City	JACKSONVILLE
85 Zip Code	FL 32210

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 *Michael M. Soud* **MICHAEL M. SOUD** 7-8-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SOUD, MICHAEL M	1.2 NAME	SOUD, MICHAEL M
STREET ADDRESS	3801 CROWN POINT ROAD	1.3 STREET ADDRESS	4115 MARQUETTE AVE.
CITY-ST-ZIP	JACKSONVILLE FL 32257	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	PD	2.1 TITLE	PD
NAME	MEESE, FRANK	2.2 NAME	NEECE, FRANK
STREET ADDRESS	12478 EAGLES CLAW LANE	2.3 STREET ADDRESS	12478 EAGLES CLAW LN
CITY-ST-ZIP	JACKSONVILLE FL 32225	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	SD	3.1 TITLE	SD
NAME	EUBANKS, MARY	3.2 NAME	VIVIAN HAZOUDI
STREET ADDRESS	3853 E. CRICKET COVE RD.	3.3 STREET ADDRESS	4115 MARQUETTE AVE
CITY-ST-ZIP	JACKSONVILLE FL 32225	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Michael M. Soud*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-99 (919) 570-7324

Date

Daytime Phone #

CR2E037 (5/99)