SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

THEEE RESOURCE MINISTRY, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # N9700000818 (1)

FILED Aug 19 1998 8:00am Secretary of State

Principal Place of Business Mailing Address			
4183 CONWAY PLACE CIRCLE ORLANDO FL 32812	4183 CONWAY PLACE CIRCLE ORLANDO FL 32812		Date Incorporated or Qualified 02/10/1997
			4. FEI Number Applied For
			39-3430492 Not Applicable
2. Principal Place of Business	2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional
21	26		Fee Required
Sulte, Apt. #, etc.	Sulte, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22 City & State	City & State		Trust Fund Contribution
City & State	City & State		7. Is this nonprofit corporation a homeowners association?
Zip Country	28 Zip	Country	8. This corporation owes or has paid the current year intangible
24 25	29	30	Personal Property Tax due June 30. Yes No
	Current Registered Agent		10. Name and Address of New Registered Agent
		81 Name	
B&C CORPORATE SERVICES OF C	ENTRAL FLORIDA.	82 Street Add	ress (P.O. Box Number Is Not Acceptable)
390 N. ORANGE AVENUE, SUITE 1100		July Street Muti	ress (F.O. Box Number is Not Acceptable)
ORLANDO FL 32802		83	
		84 City	Ar Zin Codo
		84 City	FL 85 Zip Code
office or registered agent, or both, in the agent. I am familiar with, and accept the	State of Florida. Such change was au	thorized by the corporation	ation submits this statement for the purpose of changing its registered in a board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of regis	stered egent and title if applicable. (NO	TE: Registered Agent algosture requ	uired when reinstating) DATE
12. OFFIC	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DELETE	1.1 TITLE	Change Addition
NAME GLIDEWELL, ROGER		1.2 NAME	
STREET ADDRESS 4193 CONWAY PLACE C	CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP QRLANDO FL 32812		1.4 CITY-ST-ZIP	
TITLE D	L DELETE	2.1 TITLE	Change Addition
NAME GLIDEWELL, KATHRYN A		2.2 NAME	
STREET ADDRESS 4193 CONWAY PLACE C	HICLE	2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32812		2.4 CITY-ST-ZIP 3.1 TITLE	
NAME BURKETT, BILL	DELETE	3.2 NAME	Change Addition
STREET ADDRESS 1804 MAPLE LEAF DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP WINDERMERE FL 34786	-	3.4 CITY-ST-ZIP	
TITLE THE THE THE THE THE THE THE	DESERT	4.1 TITLE	
NAME	L_) DELETE	4.2 NAME	Change Addition
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	j
TITLE	DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 City-ST-ZIP	;
TITLE	DELETE	6.1 TITLE	Change Addition
NAME		62 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I hereby certify that the information supp	lied with this filing does not qualify for the	ne exemption stated in sec	ction 119.07(3)(i), Florida Statutes. I further certify that the information
an officer or director of the corporation of slock 12 or Block 13 if Alexander or	or the receiver or trustee empowered to	execute this report as re	ction 119.07(3)(i), Florida Statutes, I further certify that the information e shall have the same legal effect as If made under oath; that I am equired by Chapter 617, Florida Statutes; and that my name appears

SIGNATURE: ACCORDING OF SIGNING OFFICER OR DIRECTOR DISCOUNTING DESIGN D