FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

N97000001042

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 SEP 11 PM 4:43

DOCUMENT # N97000001042

1. Corporation Name
The Joseph Ministries, Inc

Principal Place of Business: 10279 Front Beach Rd, Panama City, FL 32413
Mailing Address: POB 18409, Panama City Bch, FL 32417

BK 9/11/98

3. Date Incorporated or Qualified: 02/24/1997
4. FEI Number: 59 3428583 — Applied For / Not Applicable
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

2. Principal Place of Business
21 10279 Front Bch Rd
Suite, Apt #, etc.
22
City & State
23 Panama City, FL
Zip 24 32407 | Country 25 U S

2a. Mailing Address
26 POB 18409
Suite, Apt #, etc.
27
City & State
28 Panama City Bch, FL
Zip 29 32417 | Country 30 U S

9. Name and Address of Current Registered Agent
Isler, Charles S III Esq.
434 Magnolia Ave
Panama City, FL 32401 U S

10. Name and Address of New Registered Agent
81 Name: Geni Ford
82 Street Address (P.O. Box Number is Not Acceptable): 175 Earl Road
83
84 City: Panama City FL 85 Zip Code: 32413

11. Pursuant to the provisions of Section 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] Geni Ford
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ford, Franklin L. / 175 Earl Rd / Panama City, FL 32413	☐ DELETE PD
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ford, Priscilla / 175 Earl Rd / Panama City, FL 32413	☐ DELETE STD
D / NAME / STREET ADDRESS / CITY-ST-ZIP	Heidman, Stephanie P. / 175 Earl Road / Panama City, FL 32413	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change	☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change	☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change	☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change	☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change	☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change	☐ Addition

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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: Priscilla Ford — 9-10-98 — 850 231 5683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #