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Aug 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N97000003071 (4) 1. Corporation Name DAVID MAGIE MINISTRIES, INC.		



Principal Place of Business 1154 THOMASVILLE LANE LAKELAND FL 33811	Mailing Address 1154 THOMASVILLE LANE LAKELAND FL 33811
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NEW ADDRESS

2. Principal Place of Business 21 313 SAND RIDGE DR. Suite, Apt. #, etc. 22 City & State 23 VALRICO FLORIDA Zip Country 24 33594 25 USA	2a. Mailing Address 26 P.O. Box 2524 Suite, Apt. #, etc. 27 City & State 28 BRANDON FLORIDA Zip Country 29 33594 30 USA
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3. Date Incorporated or Qualified 05/27/1997	4. FEI Number 59-3461080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent MAGIE, DAVID B 1154 THOMASVILLE LANE LAKELAND FL 33811	10. Name and Address of New Registered Agent 81 Name MAGIE, DAVID B 82 Street Address (P.O. Box Number is Not Acceptable) 313 SAND RIDGE DR. 83 84 City VALRICO FL 85 Zip Code 33594
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JUST THE ADDRESS IS NEW NOT THE AGENT!

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 617.0505 Florida Statutes.

SIGNATURE *David B. Magie President* DATE *8/1/98*

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE 1 PRESIDENT <input type="checkbox"/> DELETE NAME DAVID B. MAGIE - D STREET ADDRESS 313 SAND RIDGE DR. CITY-ST-ZIP VALRICO FL 33594		1.1 TITLE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME ETHEL R. MAGIE - D 1.3 STREET ADDRESS 313 SAND RIDGE DR. 1.4 CITY-ST-ZIP VALRICO FL 33594	
TITLE 2 VICE PRESIDENT <input type="checkbox"/> DELETE NAME ETHEL R. MAGIE - D STREET ADDRESS 313 SAND RIDGE DR. CITY-ST-ZIP VALRICO FL 33594		2.1 TITLE ↑ the above name was put as an addition thinking she should have already been on record as 2.2 NAME ETHEL R. MAGIE - D 2.3 STREET ADDRESS 313 SAND RIDGE DR. 2.4 CITY-ST-ZIP VALRICO FL 33594	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME DAVID B. MAGIE - D 3.3 STREET ADDRESS 313 SAND RIDGE DR. 3.4 CITY-ST-ZIP VALRICO FL 33594	
TITLE 3 TREASURER/CLERK <input type="checkbox"/> DELETE NAME JOHN M. MAGIE - D STREET ADDRESS 313 SAND RIDGE DR. CITY-ST-ZIP VALRICO FL 33594		4.1 TITLE ADDITION TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME JOHN M. MAGIE 4.3 STREET ADDRESS 313 SAND RIDGE DR. 4.4 CITY-ST-ZIP VALRICO FL 33594	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 *David B. Magie* DATE *8/1/98*

CR2E037 (10/97)