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Jan 15 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 # N97000003276 (9) 1. Corporation Name CLARENCE A. REEVES MINISTRY, INC.					
Principal Place of Business 725 EAST MCDONALD AVE. EUSTIS FL 32726			Mailing Address 725 EAST MCDONALD AVE. EUSTIS FL 32726		
2. Principal Place of Business 21 725 EAST MCDONALD AVE. Suite, Apt. #, etc.		2a. Mailing Address 26 727 EAST MCDONALD AVE. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/05/1997	
22 City & State 23 EUSTIS, FL		27 City & State 28 EUSTIS, FL		4. FEI Number 59-3450619 Applied For Not Applicable	
24 32726		25 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 32726		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent REEVES, CLARENCE A 725 EAST MCDONALD AVE. EUSTIS FL 32726				7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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.				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	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP NAME REEVES, CLARENCE A STREET ADDRESS 725 EAST MCDONALD AVE. CITY-ST-ZIP EUSTIS FL 32726				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE DS NAME POOLE, RENA D STREET ADDRESS 725 EAST MCDONALD AVE. CITY-ST-ZIP EUSTIS FL 32726				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE DT NAME TILLMAN, BEATRICE STREET ADDRESS 725 EAST MCDONALD AVE. CITY-ST-ZIP REDDICK FL 32686				3.1 TITLE DT 3.2 NAME TILLMAN, BEATRICE 3.3 STREET ADDRESS 1033 SMITH ST. 3.4 CITY-ST-ZIP EUSTIS, FL 32726	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE 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: *Renald Poole* 1-6-98 352-357-3490

CR2E037 (10/97)