

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000003902

1. Corporation Name

PROPHETIC VISIONARY END-TIMES OUT-REACH MINISTRIES  
SOMETHING DIFFERENT NON-DENOMINATIONAL CHURCH

Principal Place of Business

8303 SAND RIDGE COURT  
TALLAHASSEE FL 32310

Mailing Address

8303 SAND RIDGE COURT  
TALLAHASSEE FL 32310

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/08/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		59-3541141	
24 Zip		29 Zip		5. Certificate of Status Desired	
25 Country		30 Country		6. Election Campaign Financing	
				Trust Fund Contribution	
				7. Additional Fee Required	
				\$8.75	
				\$5.00 May Be	
				Added to Fees	

9. Name and Address of Current Registered Agent

MORRIS, SHIRLEY  
8303 SAND RIDGE COURT  
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(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	
NAME	MORRIS, SHIRLEY	1.2 NAME	
STREET ADDRESS	8303 SAND RIDGE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	MORRIS, TOWANNA	2.2 NAME	
STREET ADDRESS	8303 SAND RIDGE COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	MORRIS, TESHIA	3.2 NAME	
STREET ADDRESS	8303 SAND RIDGE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	3.4 CITY-ST-ZIP	
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)(l), 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:

Shirley Morris

9-22-99

Date

Daytime Phone #

CR2E037 (11/98)