

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20 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 # **N97000003935 (0)**

1. Corporation Name

THIRD MILLENNIUM MINISTRIES, INC.



| | | | | | |
|--|----------------------|--|----------------------|---|--|
| Principal Place of Business 500 E. ALTAMONTE DRIVE, SUITE 210 ALTAMONTE SPRINGS FL 32701 | | Mailing Address 500 E. ALTAMONTE DRIVE, SUITE 210 ALTAMONTE SPRINGS FL 32701 | | 3. Date Incorporated or Qualified 07/09/1997 | |
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State 23 | | City & State 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip 24 | Country 25 | Zip 29 | Country 30 | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent SIMS, DAVID A 500 E. ALTAMONTE DRIVE, SUITE 210 ALTAMONTE SPRINGS FL 32701 | | | | 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 | |
| | | | | 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 | |

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 | D <input type="checkbox"/> DELETE | 1.1 TITLE | P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRATT, RICHARD L JR. | 1.2 NAME | |
| STREET ADDRESS | 445 WEKIVA COVE ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL 32779 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRATT, RICHARD L SR | 2.2 NAME | |
| STREET ADDRESS | 408 BONHILL DRIVE NW | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROANOKE VA 24012 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRATT, JEANNE T | 3.2 NAME | |
| STREET ADDRESS | 408 BONHILL DRIVE NW | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROANOKE VA 24012 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PILLOW, JANE P | 4.2 NAME | |
| STREET ADDRESS | 16487 HIGHWAY 3 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | YAZOO CITY MS 39194 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | BUSH, DONALD |
| STREET ADDRESS | | 5.3 STREET ADDRESS | BOX 68 N/A |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | ARLINGTON, VA 22201 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(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:

RICHARD L. PRATT, JR.

5 APRIL 98 407 875 8388

CR2E037 (10/97)