


FILE NOW: FILING FEE IS \$61.25

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Sep 16, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>N97 000003935(0)</i>			
1. Corporation Name <i>THIRD MILLENNIUM MINISTRIES, INC.</i>			
Principal Place of Business <i>646 KENWICK CIRCLE #102 CASSEL BERRY FL 32707 USA</i>		Mailing Address <i>PMB 15 5840 Red Bug Lake Road Winter Springs F 32708 USA</i>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21	26	<i>07/09/1997</i>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	
22	27	<i>31-1598585</i>	
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name <i>RICHARD L. PRATT</i>	
		82 Street Address (P.O. Box Number is Not Acceptable) <i>646 KENWICK CIRCLE</i>	
		83 <i>#102</i>	
		84 City <i>CASSEL BERRY</i> FL 85 Zip Code <i>32707</i>	
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 <i>RICHARD L. PRATT</i>		DATE <i>5 Sept 99</i>	
NOTE: Registered Agent signature required when reinstating.			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<i>President / S</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<i>RICHARD L. PRATT, JR</i>
STREET ADDRESS		1.3 STREET ADDRESS	<i>646 KENWICK CIRCLE #102</i>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>CASSEL BERRY FL 32707</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<i>GREGORY PERRY</i>
STREET ADDRESS		6.3 STREET ADDRESS	<i>3401 BROOK RD</i>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<i>RICHMOND, VA 23227</i>

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, with all other like empowered.

SIGNATURE: *RICHARD L. PRATT, JR.* *5 Sept 99* *407 332 7067*
DATE DAYTIME PHONE #