

FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90072 044 \*\*\*\*70.00

0034658

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N97000004691**

1. Corporation Name

**SENIOR MINISTRY SERVICES, INC.**

Principal Place of Business

9715 SW 142ND DRIVE  
MIAMI FL 33176

Mailing Address

9715 SW 142ND DRIVE  
MIAMI FL 33176



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/18/1997

4. FEI Number

65-0782261

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

□

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD  
1600 MIAMI CENTER  
MIAMI FL 33131**

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

TITLE PCD  
NAME EBERST, ROBERT C  
STREET ADDRESS 9715 SW 142ND DRIVE  
CITY-ST-ZIP MIAMI FL 33176

□ DELETE

TITLE TD  
NAME MCGOWAN, TAYLOR  
STREET ADDRESS 741 BIG CANOE  
CITY-ST-ZIP BIG CANOE GA 30143

X DELETE

TITLE VD  
NAME OTTINGER, JOHN T REV  
STREET ADDRESS 451 BATTERSEA ROAD  
CITY-ST-ZIP LAWRENCEVILLE GA 30244

X DELETE

TITLE SD  
NAME UNDERWOOD, JOHN K  
STREET ADDRESS 2380 LEAF LAND DRIVE  
CITY-ST-ZIP DULUTH GA 30136

□ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

□ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD  
1.2 NAME Sickert, Jayme- Rev.  
1.3 STREET ADDRESS 2891 Inverlock Circle  
1.4 CITY-ST-ZIP Duluth, Ga. 30136

□ Change

X Addition

2.1 TITLE TD  
2.2 NAME Moore, Edward A- Rev.  
2.3 STREET ADDRESS 2802 Enchanted Circle  
2.4 CITY-ST-ZIP Garland, TX. 75044

□ Change

X Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

□ Change

□ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

□ Change

□ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

□ Change

□ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

□ Change

□ Addition

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: Robert C. Eberst PCD QUICK Robert C. Eberst 2/2/99 305255-1363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)