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Mar 24, 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
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DOCUMENT # N97000005231

1. Corporation Name

HOME BIBLE STUDY OUTREACH MINISTRY, INC.

Principal Place of Business

**3200 DIXIE HWY. SUITE 10
PALM BAY FL 32905**

Mailing Address

**3200 DIXIE HWY. SUITE 10
PALM BAY FL 32905**



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	09/15/1997
22 City & State		27 City & State	4. FEI Number
23 Zip		28 Zip	59-3333683
24 Country		29 Country	30 Applied For
			Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
			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

**RAMSEY, BARBARA L
2677 SOUTHOVER DR., N.E.
PALM BAY FL 32905**

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, BARBARA L	1.2 NAME	
STREET ADDRESS	2677 SOUTHOVER DR. N.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MELBA	2.2 NAME	
STREET ADDRESS	3405 MONROE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWELL, BLONCILE	3.2 NAME	
STREET ADDRESS	3434 HENRY ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, FRANK	4.2 NAME	
STREET ADDRESS	2677 SOUTHOVER DR., N.E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, VIVIAN J	5.2 NAME	
STREET ADDRESS	908 E. POPLAR LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Barbara L. Ramsey

407-7290410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98