


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90066 033 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000005392</b>					
1. Corporation Name <b>IMAGINE THAT MINISTRIES, INC.</b>					
Principal Place of Business 425 COUNTY RD. 665 POLK CITY FL 33868			Mailing Address P. O. BOX 563 POLK CITY FL 33868		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/22/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3475903	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MANLEY, KEITH M 425 COUNTY RD. 665 POLK CITY FL 33868				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 Keith M. Manley (NOTE: Registered Agent signature required when reinstating) 1/13/99 DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DVP	<input type="checkbox"/> DELETE		1.1 TITLE	MD/VP/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANLEY, KEITH M			1.2 NAME	Manley, Keith M		
STREET ADDRESS	425 COUNTY RD. 665			1.3 STREET ADDRESS	425 County Rd. 655		
CITY-ST-ZIP	POLK CITY FL 33868			1.4 CITY-ST-ZIP	Polk City, FL 33868		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SNYDER, CALVIN L			2.2 NAME	Snyder, Calvin L		
STREET ADDRESS	345 CROTON DR.			2.3 STREET ADDRESS	345 Croton Dr.		
CITY-ST-ZIP	MAITLAND FL 32751			2.4 CITY-ST-ZIP	Maitland, FL 32751		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARBUTHNOT, TIMOTHY A			3.2 NAME	Arbuthnot, Timothy A.		
STREET ADDRESS	P. O. BOX 766			3.3 STREET ADDRESS	P.O. Box 766		
CITY-ST-ZIP	LAKE ALFRED FL 33850			3.4 CITY-ST-ZIP	Lake Alfred, FL 33850		
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANLEY, DOROTHY F.			4.2 NAME	Manley, Drorothy F.		
STREET ADDRESS	425 COUNTY RD 655			4.3 STREET ADDRESS	425 County Rd. 655		
CITY-ST-ZIP	POLK CITY FL 33868			4.4 CITY-ST-ZIP	Polk City, FL 33868		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LYKES, PHILIP E.			5.2 NAME	Gutek, Glenn G.		
STREET ADDRESS	518 GRAND CAYMAN CIRCLE			5.3 STREET ADDRESS	2599 Trinity Circle NW		
CITY-ST-ZIP	LAKELAND FL 33803			5.4 CITY-ST-ZIP	Winter Haven, FL 33881		
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: Keith M. Manley 1/13/99 941-984-0787  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 037 (1/98)