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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 # N97000005704

1. Corporation Name

SANFORD MINISTER'S FELLOWSHIP, INC.

Principal Place of Business
 2401 SOUTH PARK AVENUE
 SANFORD FL 32771

Mailing Address
 2401 SOUTH PARK AVENUE
 SANFORD FL 32771



2. Principal Place of Business 21 1800 Sanford Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 2462 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/08/1997
22 City & State 23 Sanford, FL Zip Country 24 32771 25	27 City & State 28 Sanford, FL Zip Country 29 32772 30	4. FEI Number APPLIED FOR 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

TKACHUK, THOMAS P
2401 SOUTH PARK AVENUE
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name Robert K. Gregory, Jr.
 82 Street Address (P.O. Box Number is Not Acceptable)
 1800 Sanford Ave.
 83
 84 City Sanford FL 85 Zip Code 32771

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

Robert K. Gregory, Jr.
 Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

4-30-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TKACHUK, TOMAS P	
STREET ADDRESS	2401 S PARK AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KRALL, JEFFREY B	
STREET ADDRESS	1770 W AIRPORT BLVD	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	GREGORY, ROBERT K	
STREET ADDRESS	1800 SANFORD AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENJAMIN, PAUL	
STREET ADDRESS	744 SUMMERLAND DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MICHAELS, STEVEN A	
STREET ADDRESS	236 MAUREEN DR	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thalma Mike	
1.3 STREET ADDRESS	1704 W. 9th Street	
1.4 CITY-ST-ZIP	Sanford, FL 32771	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert K. Gregory, Jr.	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Vice Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Phil Waisanen	
6.3 STREET ADDRESS	3250 Laredo Drive	
6.4 CITY-ST-ZIP	Deltona, FL 32736	

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 K. Gregory, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)