

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005822 (8)**

1. Corporation Name

**DELTA MINISTRIES, INC.**



Principal Place of Business <b>3706 COUNTRY CLUB ROAD SOUTH WINTER HAVEN FL 33881-9224</b>	Mailing Address <b>3706 COUNTRY CLUB ROAD SOUTH WINTER HAVEN FL 33881-9224</b>
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3. Date Incorporated or Qualified <b>10/15/1997</b>
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4. FEI Number <b>59-3474850</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>GILLIS, RAYMOND 3706 COUNTRY CLUB ROAD SOUTH WINTER HAVEN FL 33881-9224</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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	<input type="checkbox"/> DELETE
NAME	<b>PD GILLIS, RAYMOND</b>
STREET ADDRESS	<b>3706 COUNTRY CLUB ROAD SOUTH</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881-9224</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D GILLIS, NANCY</b>
STREET ADDRESS	<b>3706 COUNTRY CLUB ROAD SOUTH</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881-9224</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>STD THOMPSON, MIKE</b>
STREET ADDRESS	<b>3105 MASSE ROAD</b>
CITY-ST-ZIP	<b>DAVENPORT FL 33837</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D THOMPSON, KAYE</b>
STREET ADDRESS	<b>3105 MASSE ROAD</b>
CITY-ST-ZIP	<b>DAVENPORT FL 33837</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D MAIDEN, DON</b>
STREET ADDRESS	<b>3572 PINE TREE LOOP</b>
CITY-ST-ZIP	<b>HAINES CITY FL 33844-0097</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D MAIDEN, LINDA</b>
STREET ADDRESS	<b>3572 PINE TREE LOOP</b>
CITY-ST-ZIP	<b>HAINES CITY FL 33844-0097</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Nancy Gillis* **Nancy Gillis Director 4/21/98 (941) 293-0007**

CR2E037 (10/97)