FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700005822

1. Corporation Name

DELTA MINISTRIES, INC.

Principal Place of Business

Mailing Address

3706 COUNTRY CLUB ROAD SOUTH WINTER HAVEN FL 33881-9224 3706 COUNTRY CLUB ROAD SOUTH WINTER HAVEN FL 33881-9224

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90220 043 ****61.25



i											
2. Principal Place of Business 2a. Mailing Address						3. Date Incorporated or Qualifed					
21		26				10/15/1997					
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number		-		lied For	
22		27 ~-	<u> </u>			59-3474850				Applicable	
City & St	ate	City & State				5. Certificate of Status Desired	S8.75 Additional Fee Required				
Zip	Country					6. Election Campaign Financing		\$	5.00	May Be	
24	25	29	30			Trust Fund Contribution			dded to		
) 1	9. Name and Address of Currer					10. Name and Address of New I	Registere	d Agent			
			1	81	Name						
	DAY 104 D		L	_							
GILLIS, RAYMOND				82 Street Address (P.O. Box Number is Not Acceptable)							
3706 COUNTRY CLUB, ROAD, SOUTH				83							
WINTER	HAVEN FL 33881-9224		1	"							
1				84	City					85 Zip Code	
· ·	gg of the discrete of the first register		1	j	1		F				
office or	nt to the provisions of Sections 617.050 r registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	uthorized I	bv i	the corporation	oration submits this statement for the n's board of directors. I hereby acce	purpose pt the app	of chang ointmen	ing its i as reg	registered iistered	
SIGNATUR	E						DATE				
	Signature, typed or printed name of registered age			\gen	nt signature required	ADDITIONS/CHANGES TO OF		AND DIE	ECTO	20 IN 12	
12.		ID DIRECTORS	13.		 -	ADDITIONS/CHANGES TO OF	FICERS		hange	Addition	
TITLE	PD	☐ DELETE	1,1 ™□					П¢	iango		
NAME	GILLIS, RAYMOND		1.2 NAW	Æ							
STREET ADDRES	ET ADDRESS 3706 COUNTRY CLUB ROAD SOUTH			EET	TADDRESS						
CITY-ST-ZIP	WINTER HAVEN FL 33881		1.4 CrTY	/-ST	r-zip						
TITLE	STD	☐ DELETE	2.1 TITL	E		· · · · · · · · · · · · · · · · · · ·		□c	nange	Addition	
NAME	GILLIS, NANCY		2.2 NAV	Æ							
STREET ADDRES		SUITH	2.3 STR	FFT	T ADDRESS						
	1 7 7 7		2. 4 CIT			-					
CITY-ST-ZIP	WINTER HAVEN FL 33881				1-21			ПС	hange	Addition	
TITLE	D STATE OF THE STA	C Deterie	3.1 TTL		-					_	
NAME	CRITTENDEN, ERIC		3.2 NAV			•					
STREET ADDRES	\				TADDRESS						
CITY-ST-ZIP	HAINES CITY FL 33844-8531		3.4. CIT		iT-ZIP					A 44'E	
Trile	D	☐ DELETE	4.1 TITE	E	1				hange	☐ Addition	
NAME	CRITTENDEN, KAY		4. 2 NA	ME							
STREET ADDRES	SS 227 LAKE VILLA WAY		4.3 STR	EET	T ADDRESS						
CITY-ST-ZIP	HAINES CITY FL 33844-8531		4.4 CITY	Y-\$1	T-ZIP						
TITLE	D	☐ DELETE	5.1 TTTL	E					hange	☐ Addition	
NAME	GUINN, JIM SR.		5.2 NAM	Æ	ľ						
STREET ADDRES			5.3 STR	REET	TADDRESS						
1	HAINES CITY FL 33845		5.4 CITY	Y-ST	T-ZIP						
CITY-ST-ZIP TITLE	D	☐ DELETE	6.1 TITL		-+			ПС	hange	Addition	
ł.	(-		6.2 NAM						•	-	
NAME	EMRICH, BOB				TADDECC						
STREET ADDRES	- Park R. 1917 W.L.		1		TADDRESS						
CITY-ST-ZIP	HAINES CITY FL 33844		6.4 CITY	Y-ST	T-ZIP						

14. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/90

(941)298-9247 Daytime Phone #

CR2F037 (11/98)