

FILE NOW: FILING FEE IS \$61.25

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

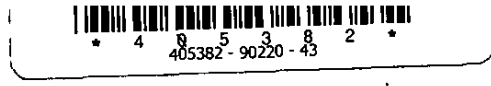
04-23-1999 90220 043 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000005822**

1. Corporation Name  
**DELTA MINISTRIES, INC.**

Principal Place of Business 3706 COUNTRY CLUB ROAD SOUTH WINTER HAVEN FL 33881-9224	Mailing Address 3706 COUNTRY CLUB ROAD SOUTH WINTER HAVEN FL 33881-9224
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21 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country	3. Date Incorporated or Qualified <b>10/15/1997</b>	4. FEI Number <b>59-3474850</b>	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

**GILLIS, RAYMOND**  
**3706 COUNTRY CLUB ROAD SOUTH**  
**WINTER HAVEN FL 33881-9224**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	GILLIS, RAYMOND	1.2 NAME	
STREET ADDRESS	3706 COUNTRY CLUB ROAD SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIS, NANCY	2.2 NAME	
STREET ADDRESS	3706 COUNTRY CLUB ROAD SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITTENDEN, ERIC	3.2 NAME	
STREET ADDRESS	227 LAKE VILLA WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844-8531	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITTENDEN, KAY	4.2 NAME	
STREET ADDRESS	227 LAKE VILLA WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844-8531	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUINN, JIM SR.	5.2 NAME	
STREET ADDRESS	P.O. BOX 3014	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33845	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMRICH, BOB	6.2 NAME	
STREET ADDRESS	312 PENNSYLVANIA AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844	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: Nancy R. Gillis 4/20/99 (941) 298-9247  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)