


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90059 027 \*\*\*\*61.25

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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
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**DOCUMENT # N97000006101**

1. Corporation Name

**DR. I.W. HEPBURN MINISTRIES, INC.**

Principal Place of Business

**5401 SW 24TH STREET  
W HOLLYWOOD FL 33023**

Mailing Address

**2311 SW 48 AVENUE  
W HOLLYWOOD FL 33023**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	<b>5401 S.W. 24TH STREET</b>	26	<b>2311 S.W. 48th AVENUE</b>	<b>10/29/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 <b>W. HOLLYWOOD, FL</b>		27 <b>W. HOLLYWOOD, FLORIDA</b>		<b>APPLIED FOR</b>	
City & State		City & State		Applied For	
23 <b>33023 BROWARD</b>		28 <b>33023 BROWARD</b>		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	25	29	30	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

**BROWN, CAROLYNN JUSTINA  
431 NW 184TH TERRACE  
MIAMI FL 33169**

10. Name and Address of New Registered Agent

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

*Carolynn Justina Brown* **431 N.W. 184th Terrace 1/13/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEST, MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>431 NW 184TH TERRACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARRETT, MAGNOLIA</b>	2.2 NAME	
STREET ADDRESS	<b>5531 SW 24TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST HOLLYWOOD FL 33023</b>	2.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEARY, JERILYNN</b>	3.2 NAME	
STREET ADDRESS	<b>7776 N.W. 12TH AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWEETING, DEBBIE</b>	4.2 NAME	
STREET ADDRESS	<b>2810 ADAMS STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, ROSA</b>	5.2 NAME	
STREET ADDRESS	<b>5600 WILEY STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	5.4 CITY-ST-ZIP	
TITLE	<b>M</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIXON, EZRA</b>	6.2 NAME	
STREET ADDRESS	<b>5440 MAYO STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	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: Dr. I.W. Hepburn** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-13-99. (954) 989-9409**

Date

Daytime Phone #

CR2E037 (11/98)