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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90030 013 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006105
 1. Corporation Name
FLORIDA INTERNATIONAL CHRISTIAN MINISTRIES INC.

Principal Place of Business P. O. BOX 17191 PENSACOLA FL 32522	Mailing Address P. O. BOX 17191 PENSACOLA FL 32522
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4 8 7 2 5 8
 487250 - 90030 - 13



21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/27/1997
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3480856
23 City & State	28 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	29 Zip	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		10. Name and Address of New Registered Agent	
ANDERSON, CHARLES A 858 GARNET ST. PENSACOLA FL 32505		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 Charles A. Anderson President DATE 04/29/99

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, CHARLES A	1.2 NAME	
STREET ADDRESS	858 GARNET ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32505	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, BRUCE	2.2 NAME	
STREET ADDRESS	2450 GLENN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GATSON SC 29053	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, LINDA D	3.2 NAME	
STREET ADDRESS	1205 CHEYENNE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32505	3.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SABRINA A	4.2 NAME	
STREET ADDRESS	225 ABA WILSON AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32506	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Charles A. Anderson **SIGNATURE REQUIRED** Date 4/29/99 Daytime Phone # (850)432-0591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2968100

CR2E037 (1/98)