


FILE NOW: FILING FEE IS \$61.25

FILED
May 05, 1999 8:00 am
Secretary of State

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

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| 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.

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| Principal Place of Business P. O. BOX 17191 PENSACOLA FL 32522 | Mailing Address P. O. BOX 17191 PENSACOLA FL 32522 |
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487250 - 90030 - 13



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|---------------------------------|-------------------------|--|
| 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 | |
| | | 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: 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

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