


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N97000006659 (3)
1. Corporation Name
HOME TOWN MINISTRIES, INC.



| | |
|---|---|
| Principal Place of Business 292 SPRINGDALE CIR. PALM SPRINGS FL 33461 | Mailing Address P.O. BOX 16254 WEST PALM BEACH FL 33416 |
|---|---|

3. Date Incorporated or Qualified
11/24/1997

| | |
|------------------------------------|---|
| 4. FEI Number 65-0801924 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
|------------------------------------|---|

| | |
|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 <i>292 Springdale Cir.</i> |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 <i>Palm Springs</i> |
| City & State 23 | City & State 28 <i>FL</i> |
| Zip 24 | Country 30 <i>USA</i> |
| Country 25 | Zip 29 <i>33461</i> |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**DARNELL, BECKY A
292 SPRINGDALE CIR.
PALM SPRINGS FL 33461**

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 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | <i>President / S/D</i> |
| 1.3 STREET ADDRESS | <i>Becky A. Darnell</i> |
| 1.4 CITY-ST-ZIP | <i>292 Springdale Circle Palm Springs, FL 33461</i> |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | <i>Vice President / T/D</i> |
| 2.3 STREET ADDRESS | <i>Lana M. Johnson</i> |
| 2.4 CITY-ST-ZIP | <i>1885 Tortuga Drive West Palm Beach, FL 33407</i> |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | <i>Director</i> |
| 3.3 STREET ADDRESS | <i>Christine Snyder</i> |
| 3.4 CITY-ST-ZIP | <i>15818 67 Court No Loxahatchee, FL 33470</i> |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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.

SIGNATURE: *Becky A. Darnell* *3/27/98*

CR2E037 (1097)