

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 31, 1998  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

98 NOV 12 AM 9:03

DOCUMENT # N97000006752 (6)

1. Corporation Name  
 THROUGH IT ALL MINISTRIES, INC.

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business 1123 22ND ST. S. ST. PETERSBURG FL 33712		Mailing Address 1123 22ND ST. S. ST. PETERSBURG FL 33712		3. Date Incorporated or Qualified 12/04/1997
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21		26	PO Box 16785	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22	Suite, Apt. #, etc. 1123 22ND ST. S.	27	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23	City & State ST. PETERSBURG, FL.	28	City & State ST. PETERSBURG, FL. 33733	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	Zip 33712	25	Country PINNELLAS	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
29	Zip 33733	30	Country PINNELLAS	

9. Name and Address of Current Registered Agent THOMPSON, MARK 3001 58TH AVES. ST. PETERSBURG FL 33712				10. Name and Address of New Registered Agent	
81	Name MARK THOMPSON - (MARK)		85	Zip Code 33712	
82	Street Address (P.O. Box Number is Not Acceptable) 3001 58TH AVE. S.				
83					
84	City ST. PETERSBURG, FL.		85	Zip Code 33712	

11. Pursuant to the provisions of section 617.0502 and 617.0508, 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: *[Signature]* DATE: Sept 27, 1998

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P.C., DR MARK THOMPSON
STREET ADDRESS		1.3 STREET ADDRESS	3001 58TH AVE S.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33712
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DONNA THOMPSON
STREET ADDRESS		2.3 STREET ADDRESS	3001 58TH AVE SO.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33712
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	YVETTE LOPEZ
STREET ADDRESS		3.3 STREET ADDRESS	10106 ROSEBROOK CT.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA, FL. 33615-2643
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	LAWRENCE MURRAY
STREET ADDRESS		4.3 STREET ADDRESS	4245 WINDSTAR WAY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PALMDALE, CA. 93552
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	800002692168--6
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-11/19/98--01101--010
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	*****61.25 *****61.25
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.

SIGNATURE: *[Signature]* DATE: Sept. 28, 1998

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CR2E037 (5/98)