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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000006938					
1. Corporation Name EMMANUEL HOLINESS CHURCH, OUTREACH FOR THE LOST MINISTRY, CORP.					
Principal Place of Business 1890 ROWE AVENUE JACKSONVILLE FL 32208			Mailing Address 1890 ROWE AVENUE JACKSONVILLE FL 32208		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 01/01/1998 4. FEI Number 59-3492800 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 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 HAYES, MCCONDER 133 EAST 45TH STREET JACKSONVILLE FL 32208			10. Name and Address of New Registered Agent 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 <i>Lloyd Hayes</i> Lloyd Hayes <i>McConder Hayes</i> McConder Hayes <i>426-99</i> 426-99					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE <i>Director</i> NAME <i>Lloyd Hayes</i> STREET ADDRESS <i>160 Hollis Drive</i> CITY-STATE-ZIP <i>Orlando FL 32073-25110</i>			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP		
TITLE <i>Director</i> NAME <i>McConder Hayes</i> STREET ADDRESS <i>133 East 45th Street</i> CITY-STATE-ZIP <i>Jax, Fla 32208</i>			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP		
TITLE <i>Director</i> NAME <i>Prennick Hayes</i> STREET ADDRESS <i>3067 West 1st Street</i> CITY-STATE-ZIP <i>Jacksonville, Fla 32254</i>			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP		
TITLE <i>Director</i> NAME <i>Vanicle Hayes</i> STREET ADDRESS <i>160 Hollis Drive</i> CITY-STATE-ZIP <i>Orlando FL 32073-25110</i>			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP		
TITLE <i>Trustee</i> NAME <i>Annie Hayes</i> STREET ADDRESS <i>3067 West 1st Street</i> CITY-STATE-ZIP <i>Jacksonville, Fla 32254</i>			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP		
TITLE <i>Trustee</i> NAME <i>Hattie Hayes</i> STREET ADDRESS <i>133 East 45th Street</i> CITY-STATE-ZIP <i>Jax, Fla 32208</i>			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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 empowerments.

SIGNATURE: *Lloyd Hayes* **Lloyd Hayes** *426-99* **426-99** *(904) 296-8500 ext 4089*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)