


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90164 039 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000007227					
1. Corporation Name METROPOLITAN MINISTRIES ACADEMY, INC.					
Principal Place of Business 2002 NORTH FLORIDA AVENUE TAMPA FL 33602			Mailing Address 2002 NORTH FLORIDA AVENUE TAMPA FL 33602		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/31/1997 4. FEI Number 59-3490788 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	
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9. Name and Address of Current Registered Agent HUEY, MARK M 2002 NORTH FLORIDA AVENUE TAMPA FL 33602				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	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUEY, MARK M			1.2 NAME			
STREET ADDRESS	2002 NORTH FLORIDA AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOTO, KELLY			2.2 NAME			
STREET ADDRESS	1423 HOWARD AVENUE SOUTH			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33606			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLIS, JOEL M			3.2 NAME			
STREET ADDRESS	15100 CONTOY PLAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33618			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAVALAS, STEVE			4.2 NAME			
STREET ADDRESS	400 N ASHLEY DRIVE 6TH FLOOR			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, DONNA			5.2 NAME			
STREET ADDRESS	7245 RIVER FOREST LANE			5.3 STREET ADDRESS			
CITY-ST-ZIP	TEMPLE TERRACE FL 33617			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONG, CHRISTINE			6.2 NAME			
STREET ADDRESS	2002 NORTH FLORIDA AVENUE			6.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602			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 my address, with all other like empowered.

SIGNATURE:

Mark M. Huey SIGNATURE REQUIRED

1/7/99 2091028

CR2E037 (11/98)