

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000000295

1. Corporation Name

ALBERT CANCIA MINISTRIES, INC.

Principal Place of Business

424 FLEMING AVE  
GREENACRES FL 33463

Mailing Address

424 FLEMING AVE  
GREENACRES FL 33463

FILED  
99 NOV -8 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04-14-99 90176 004 \$61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/20/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0807120	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CANCIA, ALBERT 424 FLEMING AVE GREENACRES FL 33463				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 *Albert Cancia*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

10/14/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CANCIA, ALBERT	1.2 NAME	
STREET ADDRESS	424 FLEMING AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL 33463	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	MATHURIN, NAOMIE	2.2 NAME	
STREET ADDRESS	424 FLEMING AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL 33463	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	ORIENTAL, ROLAND	3.2 NAME	
STREET ADDRESS	1544 WEST ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL 33403	3.4 CITY-ST-ZIP	
TITLE	T. Delima DAVIS	4.1 TITLE	
NAME	2002 Wodgewood A. Dr.	4.2 NAME	
STREET ADDRESS	Riviera Beach, FL 33404	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T. Ruel Raymond	5.1 TITLE	
NAME	1544 West Road	5.2 NAME	
STREET ADDRESS	Lake Park FL 33403	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T. Emmanuel Etienne	6.1 TITLE	
NAME	449 Cypress Drive	6.2 NAME	
STREET ADDRESS	Lake Park FL 33403	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:

SIGNATURE REQUIRED

Date

Daytime Phone #

000619

CR2E037 (5/99)