

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90153 017 ****61.25

DOCUMENT # N98000000589

1. Corporation Name

GOD'S PLAN MINISTRIES, INC.

Principal Place of Business
2500 SOUTHERN OAKS DRIVE
CANTONMENT FL 32533

Mailing Address
2500 SOUTHERN OAKS DRIVE
CANTONMENT FL 32533



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

02/02/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOWELL, ROBERT W
224 EAST GARDEN STREET
SUITE 7
PENSACOLA FL 32501

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

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 D
NAME JOHNSON, BENNIE R
STREET ADDRESS 6814 WHITE OAK DRIVE
CITY-ST-ZIP PENSACOLA FL 32503

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME WHITEHEAD, STEVEN S
STREET ADDRESS P.O. BOX 938
CITY-ST-ZIP LULIAN AL 36549

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD
NAME LANE, E. VANN JR
STREET ADDRESS 2500 SOUTHERN OAKS DRIVE
CITY-ST-ZIP CANTONMENT FL 32533

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ST
NAME LANE, DANA R
STREET ADDRESS 2500 SOUTHERN OAKS DRIVE
CITY-ST-ZIP CANTONMENT FL 32533

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 prepare 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, without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

(850) 969-0138

CR2E037..(1/98)