

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90115 049 ****61.25

DOCUMENT # N98000000686

1. Corporation Name

A VERY PRESENT HELP MINISTRIES, INC.

Principal Place of Business
1603 N 58TH AVE
PENSACOLA FL 32506

Mailing Address
1603 N 58TH AVE
PENSACOLA FL 32506



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/05/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3500224	
Country		Country		Applied For	
24		29		Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
HARRIS, JULIAN A JR 2090 N PALAFOX ST 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	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HERRING, JOSEPH L			1.2 NAME	Rev. Jerome Herring		
STREET ADDRESS	1705 N 6TH AVE			1.3 STREET ADDRESS	6028 Chicago Av		
CITY-ST-ZIP	PENSACOLA FL 32503			1.4 CITY-ST-ZIP	PENSACOLA, FL 32506		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOZEMAN, SOLOMON D			2.2 NAME			
STREET ADDRESS	7834 DARTMOOR DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32514			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARD, DOROTHY			3.2 NAME			
STREET ADDRESS	5705 KEYSTONE RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32504			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARDS, OLIVER			4.2 NAME			
STREET ADDRESS	5705 KEYSTONE RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32504			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERRING, CARRIE			5.2 NAME			
STREET ADDRESS	1705 N 6TH AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32503			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOZEMAN, ROSALIND			6.2 NAME			
STREET ADDRESS	7834 DARTMOOR DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32514			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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/02/99

Date

850-453-5401

Daytime Phone #

CR2E037 (11/98)