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Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90009 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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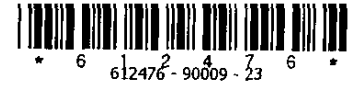
DOCUMENT # N98000000696

1. Corporation Name

MINISTRY OF THE BELLS INC.

Principal Place of Business
 305 N. MANGOUSTINE AVE.
 SANFORD FL 32771

Mailing Address
 P.O. BOX 4085
 SANFORD FL 32772



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		2b Suite, Apt. #, etc.		02/05/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3500972	
24 Country		29 Country		5. Certificate of Status Desired	
				☒ Applied For ☐ Not Applicable	
				6. Election Campaign Financing Trust Fund Contribution	
				☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KING, JOAN B 305 N. MANGOUSTINE AVE. SANFORD FL 32771				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	NAME	STREET ADDRESS	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS
DIRECTOR	JOAN B. KING	305 N. MANGOUSTINE AVE.			
		SANFORD, FL 32771			
TITLE	NAME	STREET ADDRESS	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS
DIRECTOR	MARY BARNES	COLLEGE ARMS TOWER 1203			
		AMELIA AVE DELAND FL.			
TITLE	NAME	STREET ADDRESS	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS
DIRECTOR	PENELOPE MYERS	2618 KATHARINE AVE.			
		SANFORD, FL 32773			
TITLE	NAME	STREET ADDRESS	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS
TITLE	NAME	STREET ADDRESS	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS
TITLE	NAME	STREET ADDRESS	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS

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

JOAN B. KING

06-29-99 407-252-4717
 Daytime Phone #

CR2E037 (5/99)