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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

100453 - 90030 - 11

DOCUMENT # N98000000813

1. Corporation Name
RUTH R. SPEIGHTS MINISTRIES, INC.

Principal Place of Business	Mailing Address
3548 CANGROVE ROAD TALLAHASSEE FL 32303	3548 CANGROVE ROAD TALLAHASSEE FL 32303

2. Principal Place of Business 21 3548 Cangrove Road 22 Suite, Apt. #, etc. 23 Tallahassee 24 32303 25 Ucon	2a. Mailing Address 26 3548 Cangrove Rd 27 Suite, Apt. #, etc. 28 Tallahassee 29 32303 30 Ucon	3. Date Incorporated or Qualifed 02/11/1998 4. FEI Number 59-3497730 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPEIGHTS, RUTH R 3548 CANGROVE ROAD TALLAHASSEE FL 32303	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SPEIGHTS, RUTH R		1.2 NAME	
STREET ADDRESS	3548 CANGROVE ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SPEIGHTS, GREGORY		2.2 NAME	
STREET ADDRESS	3548 CANGROVE ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303		2.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SPEIGHTS, JONATHAN		3.2 NAME	
STREET ADDRESS	3548 CANGROVE ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: Ruth R Speights SEQUIRED Ruth R. Speights 1/15/98 850 575-8114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #