


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90187 028 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N98000003310**

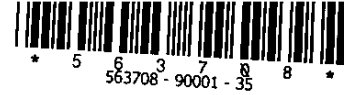
1. Corporation Name

**MISSION STREET MINISTRIES, INC.**

Principal Place of Business

**29 EAST FIFTH STREET**  
**PANAMA CITY FL 32401**

Mailing Address

**29 EAST FIFTH STREET**  
**PANAMA CITY FL 32401**


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/05/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3524349	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
24		29		30	

9. Name and Address of Current Registered Agent

**HUNTER, WILLIAM M**  
**29 EAST FIFTH STREET**  
**PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, WILLIAM M	1.2 NAME	
STREET ADDRESS	29 EAST FIFTH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	1.4 CITY-ST-ZIP	
TITLE	DTS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGG, STEVEN	2.2 NAME	
STREET ADDRESS	1401 WEST 23RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, KENNETH	3.2 NAME	
STREET ADDRESS	3002 ISLAND VIEW CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLMAN, ROBERT	4.2 NAME	
STREET ADDRESS	1918 LOMBARDY AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, TERRY	5.2 NAME	
STREET ADDRESS	1515 FOSTER AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINSON, HERB	6.2 NAME	
STREET ADDRESS	2913 WEST 11TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	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)

Wm. Michael Hunter, Pres.

4/3/99

830 784-1821

Daytime Phone #

CR2E037 (11/98)