


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90014 043 *****8.75

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003436					
1. Corporation Name MINISTRIES OF GOD CHURCH, INC.					
Principal Place of Business P.O. BOX 897 MARIANNA FL 32447			Mailing Address P.O. BOX 897 MARIANNA FL 32447		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 7653 Highway 90 W		26 P.O. BOX 897		06/11/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		Applied For	
City & State		City & State		<input checked="" type="checkbox"/> Not Applicable	
23 Sneads, FL		28 Marianna, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 32460		25 USA		29 32447	
Country		Country		30 USA	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WOODEN, JEFFREY 7653 HIGHWAY 90 WEST SNEADS FL		81 Name MORGAN, CAROLYN	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83 1936 Ace LANE	
		84 City MARIANNA FL	
		85 Zip Code 32446	

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 Carolyn Morgan, Secretary/Director DATE 2/24/99

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	TVD	1.1 TITLE	S/D
NAME	MORGAN, CAROLYN	1.2 NAME	MORGAN, CAROLYN
STREET ADDRESS	1936 ACE LANE	1.3 STREET ADDRESS	1936 ACE LANE
CITY-ST-ZIP	MARIANNA FL 32448	1.4 CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	SPD	2.1 TITLE	P/D
NAME	WOODEN, JEFFREY	2.2 NAME	WOODEN, JEFFREY
STREET ADDRESS	4443 CRUTCHFIELD DRIVE APT. 4	2.3 STREET ADDRESS	4443 CRUTCHFIELD DRIVE APT. 4
CITY-ST-ZIP	MARIANNA FL 32446	2.4 CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	D	3.1 TITLE	D
NAME	JOHNSON, CLEO	3.2 NAME	JOHNSON, CLEO
STREET ADDRESS	5171 COOPER LANE	3.3 STREET ADDRESS	8006 Railroad Lane
CITY-ST-ZIP	MARIANNA FL 32446	3.4 CITY-ST-ZIP	Marianna, FL 32460
TITLE	D	4.1 TITLE	V/D
NAME	DAVIS, JESSE	4.2 NAME	DAVIS, JESSE
STREET ADDRESS	P.O. BOX 592	4.3 STREET ADDRESS	8006 Railroad
CITY-ST-ZIP	SNEADS FL 32460	4.4 CITY-ST-ZIP	Sneads, FL 32460
TITLE	D	5.1 TITLE	
NAME	CLEMMONS, CALVIN	5.2 NAME	
STREET ADDRESS	3528 HIGHWAY 90	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	5.4 CITY-ST-ZIP	MARIANNA, FL 32446
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Carolyn Morgan DATE 2/24/99 DAYTIME PHONE # 850-482-9607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0010581

CR2E037 (1/98)