


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90007 021 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003644 ✓					
1. Corporation Name LONNIE AND SUSIE JOHNSON MINISTRIES, INC.					
Principal Place of Business 2660 N.W. 5TH ST. POMPANO BEACH FL 33069			Mailing Address 2660 N.W. 5TH ST. POMPANO BEACH FL 33069		



2. Principal Place of Business 21 10540 NW 43 STREET Suite, Apt. #, etc. 22 CORAL SPRINGS FL City & State 23 33065 US Zip Country		2a. Mailing Address 26 P.O. BOX 938531 Suite, Apt. #, etc. 27 MARGATE FL City & State 28 33063 US Zip Country		3. Date Incorporated or Qualified 06/22/1998 4. FEI Number 65-0869522 Applied For 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 <input type="checkbox"/>	

9. Name and Address of Current Registered Agent JOHNSON, LONNIE 2660 N.W. 5TH ST. POMPANO BEACH FL 33069				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 10540 NW 43 STREET 84 City CORAL SPRINGS FL 85 Zip Code 33065			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHNSON, LONNIE			1.2 NAME	MAMIE L. JOHNSON		
STREET ADDRESS	2660 N.W. 5TH ST.			1.3 STREET ADDRESS	651 N.W. 18th Ct.		
CITY-ST-ZIP	POMPANO BEACH FL 33069			1.4 CITY-ST-ZIP	POMPANO BEACH FL 33060		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, SUSIE A			2.2 NAME			
STREET ADDRESS	2660 N.W. 5TH ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33069			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, BRIDGET			3.2 NAME			
STREET ADDRESS	4703 N.W. 5TH AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33064			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALCOTE, DEBORAH			4.2 NAME			
STREET ADDRESS	778 S.W. 2ND AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD FL 33441			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: SIGNATURE RECOGNIZED JOHNSON 7-16-99 954-290-5968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #