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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90012 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003996

1. Corporation Name

JOHN 3:16 MINISTRIES, INC.
 Principal Place of Business
 1475 STEEPLECHASE LANE
 DELTONA FL 32725

 Mailing Address
 1475 STEEPLECHASE LANE
 DELTONA FL 32725


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/08/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3521950	
24 Country		29 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
26		31		Trust Fund Contribution	

9. Name and Address of Current Registered Agent

 TOLEDO, RAFAEL JR
 1475 STEEPLECHASE LANE
 DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-4-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT, DIRECTOR ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RAFAEL TOLEDO JR	1.2 NAME	
STREET ADDRESS	1475 STEEPLECHASE LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	1.4 CITY-ST-ZIP	
TITLE	SONIA R. TOLEDO - DIRECTOR ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	1475 STEEPLECHASE LANE	2.2 NAME	
STREET ADDRESS	DELTONA, FL 32725	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JASON C. TOLEDO	3.2 NAME	
STREET ADDRESS	1475 STEEPLECHASE LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	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	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)