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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N98000004152

1. Corporation Name

THE RUBBERBAND MUSIC MINISTRY, INC.

Principal Place of Business

8535 BAYMEADOWS RD. STE 3-215 JACKSONVILLE FL 32256

Mailing Address

8535 BAYMEADOWS RD. STE 3-215 JACKSONVILLE FL 32256



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
 07/15/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For
 Not Applicable

22 City & State

27 City & State

59-3520892

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENCINOSA, CYNTHIA
 8535 BAYMEADOWS RD, STE 3-215
 JACKSONVILLE FL 32256

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 restating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Director
STREET ADDRESS		1.3 STREET ADDRESS	Albert C. Robinson
CITY-ST-ZIP		1.4 CITY-ST-ZIP	2418 Oakview Dr. Jacksonville, FL 32246
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Gail D. Robinson
STREET ADDRESS		2.3 STREET ADDRESS	2418 Oakview Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jacksonville, FL 32246
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Alan Encinosa
STREET ADDRESS		3.3 STREET ADDRESS	439 Sapelo Rd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Cynthia Encinosa
STREET ADDRESS		4.3 STREET ADDRESS	439 Sapelo Rd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Gary McNary
STREET ADDRESS		5.3 STREET ADDRESS	9195 Kings Colony Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jacksonville, FL 32257
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Marla Gould
STREET ADDRESS		6.3 STREET ADDRESS	5007 Harrow Rd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jacksonville, FL 32217

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:

Gail D. Robinson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99
 Date

904-645-6540
 Daytime Phone #

CR2E037 (1/198)