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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
99 OCT 20 PM 12:

SEC[illegible] STATE
TALLAHASSEE, FLORIDA

616555 - 90004 - 6

DOCUMENT # N98000004169

1. Corporation Name
FAMILIES IN CRISIS MINISTRIES INC.

Principal Place of Business	Mailing Address
8220 WILLOWWOOD STREET ORLANDO FL 32818	8220 WILLOWWOOD STREET ORLANDO FL 32818

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/16/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3522673 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ADAMS, CLEVERICK M 8220 WILLOWWOOD STREET ORLANDO FL 32818	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 _____ DATE
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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, CLEVERICK M		1.2 NAME	
STREET ADDRESS	8220 WILLOWWOOD STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818		1.4 CITY-ST-ZIP	
TITLE	DIRECTOR (FINANCIAL ADVISOR)	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ANDRE TATE (TATE, ANDRE)		2.2 NAME	
STREET ADDRESS	5659 Nokomis Circle		2.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32839		2.4 CITY-ST-ZIP	
TITLE	DIRECTOR (FAMILY ADVISOR)	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, LARRY		3.2 NAME	
STREET ADDRESS	12021 BROWN BARK TR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, FL 34711		3.4 CITY-ST-ZIP	
TITLE	DIRECTOR (PUBLIC RELATIONS)	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FAVIK, CORNELIUS		4.2 NAME	
STREET ADDRESS	815 HATTERAS AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, FL 34711		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	

CR2E037 (5/99)

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: [illegible] SIGNATURE REQUIRED 9/9/99 (407)445-9145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
OR (407)897-6397