03021999-90122-029-$70.00-$70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
99 JUN -2 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N98000004202

1. Corporation Name
WHITE HORSE MINISTRIES, INC.

147791-90122-029

Principal Place of Business	Mailing Address
1005 LAKE ELOISE TERRACE WINTER HAVEN FL 33884	1005 LAKE ELOISE TERRACE WINTER HAVEN FL 33884

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/20/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3570732 ☒ 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

see attached copy

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BLANKENSHIP, RANDALL G ESQ. 170 E. CENTRAL AVE. WINTER HAVEN FL 33880	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	TP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STUBENRAUCH, BRIAN M		1.2 NAME		
STREET ADDRESS	1005 LAKE ELOISE TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		1.4 CITY-ST-ZIP		
TITLE	STT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STUBENRAUCH, GARY L		2.2 NAME		
STREET ADDRESS	1005 LAKE ELOISE TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ANNEN, CAROL S		3.2 NAME		
STREET ADDRESS	96 LAKE OTIS RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		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		

CR2E037 (11/98)

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.

6/8/99

SIGNATURE: SIGNATURE REQUIRED 1-30-99 (850) 455-0139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #