


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90129 027 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000004520					
1. Corporation Name MILLEDGE BAKER MINISTRIES, INC.					
Principal Place of Business 8100 PINE FOREST ROAD WALNUT HILL FL 32568			Mailing Address 8100 PINE FOREST ROAD WALNUT HILL FL 32568		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/03/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3527669	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
BAKER, MILLEDGE L 8100 PINE FOREST ROAD WALNUT HILL FL 32568			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	BAKER, MILLEDGE L				
STREET ADDRESS	8100 PINE FOREST ROAD				
CITY-ST-ZIP	WALNUT HILL FL 32568				
TITLE	DV	<input type="checkbox"/> DELETE			
NAME	BAKER, BARBARA S				
STREET ADDRESS	8100 PINE FOREST ROAD				
CITY-ST-ZIP	WALNUT HILL FL 32568				
TITLE	DTS	<input type="checkbox"/> DELETE			
NAME	BAKER, ANGELA M				
STREET ADDRESS	8100 PINE FOREST ROAD				
CITY-ST-ZIP	WALNUT HILL FL 32568				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SANDERS, TED				
STREET ADDRESS	402 SOUTH PRESLEY STREET				
CITY-ST-ZIP	ATMORE AL 36502				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SANDERS, MARY K				
STREET ADDRESS	402 SOUTH PRESLEY STREET				
CITY-ST-ZIP	ATMORE AL 36502				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	TRAVIS, CHARLES T				
STREET ADDRESS	11152 OAK RIDGE DRIVE S.				
CITY-ST-ZIP	JACKSONVILLE FL 32225				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
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

Milledge L Baker
MILLEDGE L BAKER 2/19/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850/327-6847

Daytime Phone #

CR2E037 (1/98)