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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000004780

1. Corporation Name
MINISTRIES OF THE GREAT COMMISSION INC.

573192 - 90029 - 46

Principal Place of Business	Mailing Address
1218 LASALLE STREET JACKSONVILLE FL 32207	P O BOX 351098 JACKSONVILLE FL 32235

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2292 Mayport Rd. #10 Jacksonville FL 32233	28 2292 Mayport Rd #10	08/17/1998
Suite, Apt. #, etc. 22 10	Suite, Apt. #, etc. 27 10	4. FEI Number 59-3528384 ☐ Applied For ☐ Not Applicable
City & State 23 Jacksonville FL	City & State 28 Jacksonville, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 32233 Country 25 U.S.A.	Zip 29 32233 Country 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ELDERS, JARRETT A
559 LAZY MEADOW DR E
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name ELDER, JARRETT A
82 Street Address (P.O. Box Number is Not Acceptable) 559 LAZY MEADOW DR E.
83
84 City Jacksonville FL 85 Zip Code 32225

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 4/29/99
Signature, typed or printed name of Registered Agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Presiding Prelate Bishop Jarrett Elder, Sr. 559 Lazy Meadow Dr. E Jax, FL 32225	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Trustee Elder D.L. Roberts 339 High St. Chesterton, Md. 21620	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Exec Vice President Sherry Elder 559 Lazy Meadow Dr. E. Jax, FL 32225	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Trustee Elder William Jones 1727 Hancock St. Kannapolis, NC 28081	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Trustee Deacon Bernard Richardson 3239 Justina Terrace #7 Jax FL 32277	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: SIGNATURE REQUIRED 4/29/99 904-241-6393
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #