

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90229 048 \*\*\*\*70.00

001221/2

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N98000005024

1. Corporation Name BILL DECONNA MINISTRIES, INC.

Principal Place of Business 11816 S.E. CR 234 MICANOPY FL 32667 Mailing Address P.O. BOX 215 MICANOPY FL 32667



2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified 09/01/1998 4. FEI Number 59-3529598 5. Certificate of Status Desired X \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent DECONNA, DONNA 11816 S.E. CR 234 MICANOPY FL 32667 10. Name and Address of New Registered Agent DECONNA, DONNA 6300 NW CR 318 ORANGE LAKE, FL 32681

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Table with 2 columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like DECONNA, BILL; DECONNA, REBEKAH; ROBERTS, COURTNEY; OLANDER, BILL; GATES BRYANT.

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: Bill DeConna SIGNATURE REQUIRED DECONNA 4/25/99 352-466-9000

CR2E037 (11/98)