


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90091 032 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N98000005035</b> 1. Corporation Name <b>DEE ANDREWS MINISTRIES, INC.</b>			
Principal Place of Business <b>4150 STOWE RUN LANE</b> <b>JACKSONVILLE FL 32225</b>		Mailing Address <b>4150 STOWE RUN LANE</b> <b>JACKSONVILLE FL 32225</b>	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 24.		2s. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29.	
3. Date Incorporated or Qualified <b>08/28/1998</b>		4. FEI Number <b>59-3529944</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>ANDREWS, DEE</b> <b>4150 STOWE RUN LANE</b> <b>JACKSONVILLE FL 32225</b>		10. Name and Address of New Registered Agent 81. Name <b>Kim B. STRAUGHN</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>4146 STOWE Run Lane</b> 83. 84. City <b>JACKSONVILLE FL</b> 85. Zip Code <b>32225</b>	
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 <b>Kim B. Straughn</b> <b>Director</b> <b>1/22/99</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>Dee Andrews</b> 1.3 STREET ADDRESS <b>4150 Stowe Run Lane</b> 1.4 CITY-ST-ZIP <b>Jax FL 32225</b> 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>V/T/D/C</b> 2.3 STREET ADDRESS <b>Kim B. Straughn</b> 2.4 CITY-ST-ZIP <b>4150 Stowe Run Lane</b> <b>Jax, FL 32225</b> 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <b>KAHRYN AMMON</b> 3.3 STREET ADDRESS <b>6906 ATTEL DRIVE</b> 3.4 CITY-ST-ZIP <b>Jax, FL 32277</b> 4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME <b>DeGloria Kennedy</b> 4.3 STREET ADDRESS <b>2820 Univ. Blvd W #101</b> 4.4 CITY-ST-ZIP <b>Jax, FL 32217</b> 5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME <b>LISA Houston T</b> 5.3 STREET ADDRESS <b>11535 BIRCH CIRCLE West.</b> 5.4 CITY-ST-ZIP <b>Jax, FL 32218</b> 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:

**Kim B. Straughn** **1/22/99** **(904) 620-9083**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)