

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90167 041 ****61.25

DOCUMENT # N98000005195

1. Corporation Name

AGAINST DA GRAIN MINISTRIES, INC.

Principal Place of Business

3380 FRED GEORGE RD. #621
TALLAHASSEE FL 32303

Mailing Address

3380 FRED GEORGE RD. #621
TALLAHASSEE FL 32303



2. Principal Place of Business

21 **16206 NW 83 Court**
Suite, Apt. #, etc.

2a. Mailing Address

26 **16206 NW 83 Court**
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/11/1998

4. FEI Number

59-3539242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

City & State

23 **Miami, FL**

City & State

28 **Miami, FL**

Zip

24 **33016**

Country

25 **Dade**

Zip

29 **33016**

Country

30 **Dade**

9. Name and Address of Current Registered Agent

LAMB, CAINON RENARD
3380 FRED GEORGE RD. #621
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name **Cainon Renard Lamb**
82 Street Address (P.O. Box Number is Not Acceptable)
16206 NW 83 Court
83
84 City **Miami** **FL** 85 Zip Code **33016**

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

[Signature]

5-1-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | LAMB, CAINON R | |
| STREET ADDRESS | 1303 Ocala Rd. #274 | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | BATTLE, JOHN W III | |
| STREET ADDRESS | 1325 W. THARPE ST. | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | CROCKET, JAVAR L | |
| STREET ADDRESS | 1505 W. THARPE ST. #2321 | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | WILLIAMS, RICHELLE A | |
| STREET ADDRESS | 3380 FRED GEORGE RD. #621 | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HIGGINS, JABAR C | |
| STREET ADDRESS | 1505 W. THARPE ST. # 2321 | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DAILEY, JAURON B | |
| STREET ADDRESS | 1505 W. THARPE ST. #2321 | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | |

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | DS |
| 4.3 STREET ADDRESS | Richelle A. Williams |
| 4.4 CITY-ST-ZIP | 16206 NW 83 Court Miami, FL 33016 |
| 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99
Date

(850) 514-2420
Daytime Phone #

CR2E037 (11/98)

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