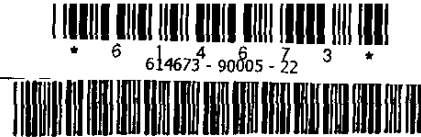


FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90010 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000005523		
1. Corporation Name THE FAMILY OF GOD MINISTRIES, INC.		

Principal Place of Business 7901 NW 35 CT. #4 CORAL SPRINGS FL 33065 3591 RIVERSIDE DR #1 CORAL SPRINGS FL 33065	Mailing Address 7901 NW 35 CT. #4 CORAL SPRINGS FL 33065 3591 RIVERSIDE DR #1 CORAL SPRINGS FL 33065
---	---



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 09/23/1998 4. FEI Number 65-0869084 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
---	--	---

8. Name and Address of Current Registered Agent ST-CYR, ENES 7901 NW 35 CT. #4 CORAL SPRINGS FL 33065	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)		12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCP ST-CYR, ENES 7901 NW 35 CT. #4 CORAL SPRINGS FL 33065	☐ DELETE	13.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCP ST-CYR, ENES 3591 RIVERSIDE DR #1 CORAL SPRINGS FL 33065	☒ Change ☐ Addition
12.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV ST-CYR, CHRISTMITHE 7901 NW 35 CT. #4 CORAL SPRINGS FL 33065	☐ DELETE	13.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV ST-CYR, CHRISTMITHE 3591 RIVERSIDE DR #1 CORAL SPRINGS FL 33065	☒ Change ☐ Addition
12.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DURELAND, ODETTE 3661 RIVERSIDE DR. #2 CORAL SPRINGS FL 33065	☐ DELETE	13.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Dureland Odetto 3661 RIVERSIDE DR #1 CORAL SPRINGS FL 33065	☒ Change ☐ Addition
12.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	13.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	13.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	13.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ENES ST-CYR **7-6-99: 9571 757-7752**