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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	Mailing Address
7901 NW 35 CT. #4 CORAL SPRINGS FL 33065 3591 Riverside Dr #1 Coral Springs FL 33065	~~7901 NW 35 CT. #4~~ CORAL SPRINGS FL 33065 3591 Riverside Dr #1 Coral Springs FL 33065

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/23/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0869084 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 – Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ST-CYR, ENES 7901 NW 35 CT. #4 CORAL SPRINGS FL 33065	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title 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	SCP ST-CYR, ENES 7901 NW 35 CT. #4 CORAL SPRINGS FL 33065	☐ DELETE	1.1 TITLE SCP 1.2 NAME D P 1.3 STREET ADDRESS 3591 Riverside Dr #1 1.4 CITY-ST-ZIP Coral Springs FL 33065	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV ST-CYR, CHRISMITHE 7901 NW 35 CT. #4 CORAL SPRINGS FL 33065	☐ DELETE	2.1 TITLE SV 2.2 NAME D S 2.3 STREET ADDRESS St-Cyr Chrismithe 2.4 CITY-ST-ZIP 3591 Riverside Dr #1 Coral Springs FL 33065	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST DURELAND, ODETTE 3661 RIVERSIDE DR. #2 CORAL SPRINGS FL 33065	☐ DELETE	3.1 TITLE D.S.T 3.2 NAME D T 3.3 STREET ADDRESS Dureland Odette 3.4 CITY-ST-ZIP 3661 Riverside Dr #1 Coral Spring FL 33065	☒ 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

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 7-6-99 954 753-7752
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #