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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000005591

1. Corporation Name
HEPLER INTERNATIONAL MINISTRIES, INC.

546225 - 90058 - 43

Principal Place of Business	Mailing Address
100 PINE CREEK TRAIL ORMOND BCH FL 32174	100 PINE CREEK TRAIL ORMOND BCH FL 32174

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 730743
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Ormond Beach, FL
Zip / Country 24 / 25	Zip / Country 29 32173-0743 / 30 USA

3. Date Incorporated or Qualified
09/28/1998

4. FEI Number
59-3537119
☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HEPLER, LARRY R 100 PINE CREEK TRAIL ORMOND BCH FL 32174	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	PD PRESIDENT	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	HEPLER, LARRY R		1.2 NAME	Jim Tyler	
STREET ADDRESS	100 PINE CREEK TRAIL		1.3 STREET ADDRESS	318 Wildwood Circle	
CITY-ST-ZIP	ORMOND BCH FL 32174		1.4 CITY-ST-ZIP	~~Tecumseh, MI 49286~~	
TITLE	TD TREASURER	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	DEVORE, TIM		2.2 NAME	Joan Tyler	
STREET ADDRESS	10 RIO PINAR TRAIL		2.3 STREET ADDRESS	318 Wildwood Circle	
CITY-ST-ZIP	ORMOND BCH FL 32174		2.4 CITY-ST-ZIP	Tecumseh, MI 49286	
TITLE	SD SECRETARY	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DEVORE, ELLEN		3.2 NAME		
STREET ADDRESS	10 RIO PINAR TRAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL 32174		3.4 CITY-ST-ZIP		
TITLE	D VICE PRESIDENT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HEPLER, JOY J		4.2 NAME		
STREET ADDRESS	100 PINE CREEK TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL 32174		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: LARRY R HEPLER 4/21/99 673 8572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #