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(35).

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 27 PM 3:40

DOCUMENT # N98000006271

1. Corporation Name
GREAT PHYSICIAN MINISTRIES, INC.

Principal Place of Business	Mailing Address
1590 NORTHWEST 10TH AVENUE SUITE 201 BOCA RATON FL 33486	1590 NORTHWEST 10TH AVENUE SUITE 201 BOCA RATON FL 33486

2. Principal Place of Business
21 1590 NW 10th Ave
Suite, Apt. #, etc.
22 Ste 304
City & State
23 Boca Raton FL
Zip 24 33486 Country 25 USA

2a. Mailing Address
26 1590 NW 10th Ave
Suite, Apt. #, etc.
27 Ste 304
City & State
28 Boca Raton, FL
Zip 29 33486 Country 30 USA

3. Date Incorporated or Qualified
11/03/1998

4. FEI Number
☒ 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

LEON, CARMAN J JR.
411 EAST HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

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 617.1506, 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	P D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, ANDREW		1.2 NAME		
STREET ADDRESS	1301 N.W. 13TH CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY-ST-ZIP		
TITLE	S D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, MARGARET		2.2 NAME		
STREET ADDRESS	1301 N.W. 13TH CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		2.4 CITY-ST-ZIP		
TITLE	V P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AKER, ALAN		3.2 NAME		
STREET ADDRESS	2649 N. OCEAN BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GULF STREAM FL 33483		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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		

8/19/98

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: SIGNATURE REQUIRED Andrew Smith 8/18/99 (561)391-2878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)