

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90006 032 ****61.25

DOCUMENT # N98000006662

Corporation Name

ALEXANDER BOSTIC MINISTRIES, INC.

Principal Place of Business

7211 N.W. 22ND AVENUE
MIAMI FL 33056

Mailing Address

17211 N.W. 22ND AVENUE
MIAMI FL 33056



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0875463	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		30	

9. Name and Address of Current Registered Agent

BOSTIC, ALEXANDER JR
17211 N.W. 22ND AVENUE
MIAMI FL 33056

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

I, 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 reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. LE	DP BOSTIC, ALEXANDER JR 17211 N.W. 22ND AVE. MIAMI FL 33056	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. ME	DS BOSTIC, ALICE D 17211 N.W. 22ND AVENUE MIAMI FL 33056	1.2 NAME	
3. REET ADDRESS		1.3 STREET ADDRESS	
4. Y-ST-ZIP		1.4 CITY-ST-ZIP	
5. LE	TD CLARK, SHELDON 17211 N.W. 22ND AVENUE MIAMI FL 33056	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. ME		2.2 NAME	
7. REET ADDRESS		2.3 STREET ADDRESS	
8. Y-ST-ZIP		2.4 CITY-ST-ZIP	
9. LE	TD CLARK, SHELDON 17211 N.W. 22ND AVENUE MIAMI FL 33056	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. ME		3.2 NAME	
11. REET ADDRESS		3.3 STREET ADDRESS	
12. Y-ST-ZIP		3.4 CITY-ST-ZIP	
13. LE	TD CLARK, SHELDON 17211 N.W. 22ND AVENUE MIAMI FL 33056	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. ME		4.2 NAME	
15. REET ADDRESS		4.3 STREET ADDRESS	
16. Y-ST-ZIP		4.4 CITY-ST-ZIP	
17. LE	TD CLARK, SHELDON 17211 N.W. 22ND AVENUE MIAMI FL 33056	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. ME		5.2 NAME	
19. REET ADDRESS		5.3 STREET ADDRESS	
20. Y-ST-ZIP		5.4 CITY-ST-ZIP	
21. LE	TD CLARK, SHELDON 17211 N.W. 22ND AVENUE MIAMI FL 33056	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. ME		6.2 NAME	
23. REET ADDRESS		6.3 STREET ADDRESS	
24. Y-ST-ZIP		6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)