

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90243 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <i>Kathleen S. Harris</i> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000007000

1. Corporation Name
CHRISTOPHER MOORE MINISTRIES, INCORPORATED

Principal Place of Business P.O. BOX 3425 LAKE WALES FL 33853	Mailing Address P.O. BOX 3425 LAKE WALES FL 33853
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* 2 73673 - 90059 - 46 3 *



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 12/10/1998	4. FEI Number 59 3547962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75-Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent MOORE, CHRISTOPHER A 610 SOUTH 2ND STREET LAKE WALES FL 33853	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	FL

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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	PAMELA R. MOORE - D
STREET ADDRESS		1.3 STREET ADDRESS	610 SOUTH 2ND ST.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	LAKE WALES, FL. 33853
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	S/TR.
NAME		2.2 NAME	RON RENTSCHLER - D
STREET ADDRESS		2.3 STREET ADDRESS	5032 WALES ST.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LAKE WALES, FL. 33853
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	STEVE ADLER - D
STREET ADDRESS		3.3 STREET ADDRESS	15 GYLNQUIST AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PENSACOLA, FL. 32506
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Pamela R. Moore* SIGNATURE REQUIRED *Pamela R. Moore* President *01/22/99* (941) 678-3941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)