


**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90011 041 \*\*\*\*70.00

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N98000007396**

1. Corporation Name

**JAMES AND PAROLYN DAVIDSON MINISTRIES, INC.**

Principal Place of Business

1073 WILSON STREET  
MOORE HAVEN FL 33471-0484

Mailing Address

P.O. BOX 484  
MOORE HAVEN FL 33471-0484

6 8 7 8 1 8 \*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1998	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0895575	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	

9. Name and Address of Current Registered Agent

**DAVIDSON, JAMES W SR**  
**1073 WILSON STREET**  
**MOORE HAVEN FL 33471-0484**

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 817.1508, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, JAMES W SR	1.2 NAME	Annie M. Brown
STREET ADDRESS	1073 WILSON STREET N.W.	1.3 STREET ADDRESS	410 Orchard Avenue
CITY-ST-ZIP	MOORE HAVEN FL 33471	1.4 CITY-ST-ZIP	Moore Haven, FL 33471
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, PAROLYN M	2.2 NAME	Verna B. Okali
STREET ADDRESS	1073 WILSON STREET N.W.	2.3 STREET ADDRESS	324 Boston Ave. #2R
CITY-ST-ZIP	MOORE HAVEN FL 33471	2.4 CITY-ST-ZIP	Medford, MA 02155-5310
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, FRANCIS-J	3.2 NAME	Evelyn M. Gilkey
STREET ADDRESS	72 SAINT LO ROAD	3.3 STREET ADDRESS	740 8th Street
CITY-ST-ZIP	FT. LEE VA 23801	3.4 CITY-ST-ZIP	Moore Haven, FL 33471
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, MICHAEL L	4.2 NAME	
STREET ADDRESS	1073 WILSON STREET N.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL 33471	4.4 CITY-ST-ZIP	
TITLE		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		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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. DAVIDSON SR.

Date

Daytime Phone #

7-7-99

941-946-1935

CR2E037 (5/99)