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Feb 28 1996 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P34586 (8)
1. Corporation Name
REEL TO REAL MINISTRIES, INC.



Principal Place of Business: 6728 NW 34TH WAY SUITE C-2 GAINESVILLE FL 32606 US
Mailing Address: 6728 NW 34TH WAY SUITE C-2 GAINESVILLE FL 32606 US

3. Date Incorporated or Qualified: 04/23/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 1909 FOX QUARRY CIR
2a. Mailing Address: 1909 FOX QUARRY CIR

4. FEI Number: 54-1365314
Applied For: Not Applicable

22. City & State: CANTONMENT FL
27. City & State: CANTONMENT FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

24. Zip: 32533 25. Country: USA
29. Zip: 32533 30. Country: USA

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: SCHULTZ DEAN 6728 NW 34 WAY GAINESVILLE FL 32653

10. Name and Address of New Registered Agent: 81 Name: ERIC HOLMBERG
82 Street Address: 1909 FOX QUARRY CIR
84 City: CANTONMENT FL 85 Zip Code: 32533

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: *Eric Holmberg* - Eric Holmberg - President 2/26/96
Signature, typed or printed name of registered agent and title in this title (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLMBERG, WILLIAM E	
STREET ADDRESS	1909 FOX QUARRY CIR.	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTZ, DEAN F	
STREET ADDRESS	6728 NW 34TH WAY	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FITZGERALD, ROBERT	
STREET ADDRESS	2727 AVE F #2	ADDRESS CHANGE TO VD
CITY-ST-ZIP	KEARNEY NE	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTZ, GLORIANNE	
STREET ADDRESS	6728 NW 34TH WAY	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	HOLMBERG, ERIC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME	Delete William and put in middle name of Eric
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	FITZGERALD, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	420 W. 21ST ST.	Vice President
2.3 STREET ADDRESS	KEARNEY, NE 68847	
2.4 CITY-ST-ZIP		
3.1 TITLE	HOLMBERG, RANDA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1909 FOX QUARRY CIR	Secretary
3.3 STREET ADDRESS	CANTONMENT, FL 32533	
3.4 CITY-ST-ZIP		
4.1 TITLE	CHARK, BRADY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	5722 WILLIAMSBURG DR.	Treasurer
4.3 STREET ADDRESS	NORCROSS, GA 30093	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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.

SIGNATURE: *Eric Holmberg* 2/26/96 904-968-6380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CREDENT (12/95)