

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90211 020 \*\*\*150.00

DOCUMENT # P96000018425

1. Corporation Name

TOM BENNETT MINISTRIES, INC.



Principal Place of Business

1400 - 1ST AVE. WEST. #202  
BRADENTON FL 34205

Mailing Address

1400 - 1ST AVE. WEST. #202  
BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1996

4. FEI Number

59-3366578

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

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

WILCOX, DAVID W  
308 - 13TH ST. WEST  
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name TOM BENNETT

82 Street Address (P.O. Box Number is Not Acceptable)

1400 1ST AVE. W #202

83

84 City BRADENTON, FL

FL

85 Zip Code 34205

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Tom Bennett

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/17/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME TOM BENNETT  
STREET ADDRESS 1400 1ST AVE. W. #202  
CITY-ST-ZIP BRADENTON FL

TITLE S  
NAME BENNETT, JEAN W  
STREET ADDRESS 1400 1ST AVE W SUITE 202  
CITY-ST-ZIP BRADENTON FL 34205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 607, 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: Tom Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99

Date

941/746-9066

Daytime Phone #

CR2E034 (11/98)