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Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000022387 (0)

1. Corporation Name  
"M.K." MINISTRIES INC.

Principal Place of Business

7371 BUCKSKIN TRAIL SOUTH  
JACKSONVILLE FL 32211

Mailing Address

P.O. BOX 11859  
JACKSONVILLE FL 32239-1859



|  |                                |
|--|--------------------------------|
| 3. Date Incorporated or Qualified<br>03/12/1996  | 3a. Date of Last Report        |
| 4. FEI Number<br>59-3374181  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

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

9. Name and Address of Current Registered Agent

DONAHOO, THOMAS M  
2925 BARNETT CENTER  
50 NORTH LAURA STREET  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(Signature, typed or printed name of registered agent, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

|                 |                            |        |
|-----------------|----------------------------|--------|
| TITLE           | D                          | DELETE |
| NAME            | MAXWELL, MARY K            |        |
| STREET ADDRESS  | 7371 BUCKSKIN TRAIL SOUTH  |        |
| CITY - ST - ZIP | JACKSONVILLE FL 32277      |        |
| TITLE           | D                          | DELETE |
| NAME            | SMITH, PATSY S             |        |
| STREET ADDRESS  | 1713 EL CAMINO ROAD        |        |
| CITY - ST - ZIP | JACKSONVILLE FL 32216      |        |
| TITLE           | D                          | DELETE |
| NAME            | BARBER, WENDY M            |        |
| STREET ADDRESS  | 2192 WEST DERRINGER CIRCLE |        |
| CITY - ST - ZIP | JACKSONVILLE FL 32225      |        |
| TITLE           | D                          | DELETE |
| NAME            | FORDHAM, BETTY E           |        |
| STREET ADDRESS  | 4877 WILLIAMSBURG AVENUE   |        |
| CITY - ST - ZIP | JACKSONVILLE FL 32205      |        |
| TITLE           | D                          | DELETE |
| NAME            | BORK, DUANE L              |        |
| STREET ADDRESS  | 2732 TROLLIE LANE          |        |
| CITY - ST - ZIP | JACKSONVILLE FL 32225      |        |
| TITLE           | D                          | DELETE |
| NAME            | RUST, MIRIAM G             |        |
| STREET ADDRESS  | 1984 RIVER ROAD            |        |
| CITY - ST - ZIP | JACKSONVILLE FL 32207      |        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |        |          |
|---------------------|--------|----------|
| 1.1 TITLE           | Change | Addition |
| 1.2 NAME            |        |          |
| 1.3 STREET ADDRESS  |        |          |
| 1.4 CITY - ST - ZIP |        |          |
| 2.1 TITLE           | Change | Addition |
| 2.2 NAME            |        |          |
| 2.3 STREET ADDRESS  |        |          |
| 2.4 CITY - ST - ZIP |        |          |
| 3.1 TITLE           | Change | Addition |
| 3.2 NAME            |        |          |
| 3.3 STREET ADDRESS  |        |          |
| 3.4 CITY - ST - ZIP |        |          |
| 4.1 TITLE           | Change | Addition |
| 4.2 NAME            |        |          |
| 4.3 STREET ADDRESS  |        |          |
| 4.4 CITY - ST - ZIP |        |          |
| 5.1 TITLE           | Change | Addition |
| 5.2 NAME            |        |          |
| 5.3 STREET ADDRESS  |        |          |
| 5.4 CITY - ST - ZIP |        |          |
| 6.1 TITLE           | Change | 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 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.

SIGNATURE:

Mary K. Maxwell

MARY K. MAXWELL

Jan. 16, 1997

904-744-5518

CR2E034 (9/96)