


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

FILED

Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 11959 JACKSONVILLE FL 32239		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/12/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3374181	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		
			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 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	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAXWELL, MARY K		1.2 NAME		
STREET ADDRESS	7371 BUCKSKIN TRAIL SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32277		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, PATSY S		2.2 NAME		
STREET ADDRESS	1713 EL CAMINO ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARBER, WENDY M		3.2 NAME		
STREET ADDRESS	2192 WEST DERRINGER CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORDHAM, BETTY E		4.2 NAME		
STREET ADDRESS	4677 WILLIAMSBURG AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BORK, DUANE L		5.2 NAME		
STREET ADDRESS	2732 TROLLIE LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUST, MIRIAM G		6.2 NAME		
STREET ADDRESS	1984 RIVER ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		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.

SIGNATURE: *Mary K. Maxwell* *MARY K. MAXWELL* 1/10/98 904-744-6472

CR2E034 (10/97)