


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

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Jan 23 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 # P96000047994 (4) 1. Corporation Name NATIONAL CHURCH MANAGEMENT SERVICES, INC.					
Principal Place of Business 4460 NORTHGATE CT SARASOTA FL 34234			Mailing Address 4460 NORTHGATE CT SARASOTA FL 34234		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		
9. Name and Address of Current Registered Agent STRUBLE, DONALD W 4460 NORTHGATE CT SARASOTA FL 34234			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE _____ NAME STRUBLE, DONALD W STREET ADDRESS 1910 ROLLING GREEN CIR CITY-ST-ZIP SARASOTA FL 34240			1.1 TITLE _____ 1.2 NAME _____ 1.3 STREET ADDRESS _____ 1.4 CITY-ST-ZIP _____		
TITLE _____ NAME DS STREET ADDRESS STRUBLE, PAULA A CITY-ST-ZIP 1910 ROLLING GREEN CIR SARASOTA FL 34240			2.1 TITLE _____ 2.2 NAME _____ 2.3 STREET ADDRESS _____ 2.4 CITY-ST-ZIP _____		
TITLE _____ NAME DT STREET ADDRESS FLETCHER, GERALD E CITY-ST-ZIP 5215 BUCKEYE RD PALMETTO FL 34221			3.1 TITLE _____ 3.2 NAME _____ 3.3 STREET ADDRESS _____ 3.4 CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			4.1 TITLE _____ 4.2 NAME _____ 4.3 STREET ADDRESS _____ 4.4 CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			5.1 TITLE _____ 5.2 NAME _____ 5.3 STREET ADDRESS _____ 5.4 CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ 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.

SIGNATURE: Donald W. Struble REQUIRED President 1-13-98 741-365-8115

CR2E034 (10/97)