**PROFIT** CORPORATION ANNUAL REPORT 1999



DIVISION OF CORPORATIONS

## May 07, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

05-07-1999 90089 016 \*\*\*150.00

i. Corporation	MENT # <b>P9600</b> 0 MINISTRIES, INC.	0076993				
Principal Place of Business Mailing Address						I CONTRACT THE PARTY OF THE PARTY OF THE PARTY CONTRACTION OF THE LEGISLA LINE AND THE PARTY CONTRACTOR OF THE PARTY CONTRACTO
1321 STEVENS AVENUE ORLANDO FL 32806		P.O. BOX 568554 ORLANDO FL 32856-8554 US			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 09/16/1996
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number Applied For NOT APPLICABLE Not Applicable
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.	27			5. Certificate of Status Desired See Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
Zip <b>24</b>	Country 25	Zip 29	30	intry		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Registered Agent
ORL	STEVENS AVENUE ANDO FL 32806  to the provisions of Sections 607.01 egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change was a	authorized	vd t	City	Address (P.O. Box Number is Not Acceptable)  FL 85 Zip Code  corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTI	E. Registered	Agen	t signature re	equired when reinstating) DATE
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, V. ART REV.,JR 1321 STEVENS AVENUE ORLANDO FL 32806	IY, V. ART REV.,JR TEVENS AVENUE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP		☐ Change ☐ Addition
îm.E		☐ DELETE	2.1 TI	TLE.		☐ Change ☐ Addition
NAME	_		2.2 N	2.2 NAME		
STREET ADDRESS	2		2.3 \$	2.3 STREET ADDRESS		
CITY-ST-ZIP			2.40	2. 4 CITY-ST-ZIP		
TITLE .		☐ DELETE	3.1 TITLE			Change Addition
NAME				3.2 NAME		
STREET ADDRESS	1		3.3 ST	3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4. CITY-ST-ZIP		Course Charles
TITLE		☐ D€LETE		4.1 TITLE		☐ Change ☐ Addition
NAME			4.2N		4000555	
STREET ADDRESS			4.3 S	REET	ADDRESS	I

TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

DELETE

□ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

V. Art Murphy, Jr. 4/29/99 407-859-9683

☐ Change

Change

Addition

Addition