

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N00264 (4)
1. Corporation Name
MACEDONIAN MINISTRIES, INC.



Principal Place of Business
**1600 AIRPORT FRWY
STE 506
BEDFORD TX 76095
US**

Mailing Address
**PO BOX 210304
BEDFORD TX 76095
US**

3. Date Incorporated or Qualified
12/06/1983

3a. Date of Last Report
05/16/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2363884		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AUSLEY, J. CARLYLE 1107 E. SILVER SPRINGS BLVD. #2 OCALA FL 32670				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, FARRELL	1.2 NAME	
STREET ADDRESS	120 TURTLE CR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELTON TX	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	BAIRD, THOMAS	2.2 NAME	
STREET ADDRESS	233 TAYLORS	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	DEWITT, DENNIS	3.2 NAME	
STREET ADDRESS	1194 E. IDAHO	3.3 STREET ADDRESS	
CITY-ST-ZIP	KALISPELL MT	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	YARBROUGH, BRAD	4.2 NAME	
STREET ADDRESS	RT. 1 BOX 108-R	4.3 STREET ADDRESS	
CITY-ST-ZIP	EDMOND OK	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DMT <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	FISHER, SCOTT	5.2 NAME	
STREET ADDRESS	3017 RICHWOOD CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BEDFORD TX	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Scott W. Fisher **SCOTT W. FISHER** Date: 5/6/96 Daytime Phone #: 817-283-8900

CFR2E037 (12/95)