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1997 MAY -1 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 76095-7304 US
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3. Date Incorporated or Qualified 12/08/1983	3a. Date of Last Report 05/10/1996
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2. Principal Place of Business 21 1813 Coventry Dr Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Bedford TX	27 City & State 28
24 Zip 76021	25 Country 29 Zip 30 Country

4. FEI Number 59-2363884	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**AUSLEY, J. CARLYLE
1107 E. SILVER SPRINGS BLVD. #2
OCALA FL 32870**

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	FISHER, FARRELL	
STREET ADDRESS	120 TURTLE CR.	
CITY-ST-ZIP	BELTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAIRD, THOMAS	
STREET ADDRESS	233 TAYLORS	
CITY-ST-ZIP	TEMPLE TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEWITT, DENNIS	
STREET ADDRESS	1194 E. IDAHO	
CITY-ST-ZIP	KALISPELL MT	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	YARBROUGH, BRAD	
STREET ADDRESS	RT. 1 BOX 108-R	
CITY-ST-ZIP	EDMOND OK	
TITLE	DMT	<input type="checkbox"/> DELETE
NAME	FISHER, SCOTT	
STREET ADDRESS	3017 RICHWOOD CIRCLE	
CITY-ST-ZIP	BEDFORD TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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5/19/97*

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 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* **4/30/97** **817-283-7221**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076594

CR2E037 (9/96)