

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 Sep 22, 1999 8:00 am
 Secretary of State

09-22-1999 90007 024 ****61.25

DOCUMENT # N00264

1. Corporation Name
 MACEDONIAN MINISTRIES, INC.

Principal Place of Business: 1813 COVENTRY DR, BEDFORD TX 76021, US
 Mailing Address: PO BOX 210304, BEDFORD TX 76095, US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/08/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2363884	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AUSLEY, CARLYLE J 1107 E. SILVER SPRINGS BLVD. #2 OCALA FL 32670				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	DC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FISHER, FARRELL			1.2 NAME	FISHER, FARRELL		
STREET ADDRESS	120 TURTLE CR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	BELTON TX			1.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAIRD, THOMAS			2.2 NAME			
STREET ADDRESS	233 TAYLORS			2.3 STREET ADDRESS			
CITY-ST-ZIP	TEMPLE TX			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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			
TITLE	DMT	<input type="checkbox"/> DELETE		4.1 TITLE	DPT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FISHER, SCOTT			4.2 NAME	FISHER, SCOTT		
STREET ADDRESS	3017 RICHWOOD CIRCLE			4.3 STREET ADDRESS			
CITY-ST-ZIP	BEDFORD TX			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	Weehunt, Dwayne		
STREET ADDRESS				5.3 STREET ADDRESS	3867 N. VILLAGE ROAD		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	PARK CITY, UT 84098		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 617, 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.

SIGNATURE: _____ DATE: 9/16/99 DAYTIME PHONE #: 817-233-4858

CORP037 (5/00)