

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR 24 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722477 (7)

1. Corporation Name

R. L. ZILLNER SALVATION HEALING MIRACLE REVIVAL
S WORLD-WIDE, INC.

Principal Place of Business

Mailing Address

408 CYPRESS STREET
P.O. BOX 593561
ORLANDO FL 32859

408 CYPRESS STREET
P.O. BOX 593561
ORLANDO FL 32859

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1972

3a. Date of Last Report

04/11/1994

4. FEI Number

23-7241980

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZILLNER, BISHOP R.L., SR.
408 CYPRESS ST.
P.O. BOX 593561
ORLANDO FL 32824

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature Required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

SD

NAME

YOSKMETICS, GLORIA

STREET ADDRESS

429 VENTURA AVE

CITY - ST - ZIP

ORLANDO FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

JORDON, W. P

STREET ADDRESS

287 GARDENIA ROAD

CITY - ST - ZIP

KISSIMMEE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

HOLLIE L. ZILLNER
408 CYPRESS ST
ORLANDO, FLORIDA 32824

TITLE

D

NAME

CLUE, SAMUEL

STREET ADDRESS

5115 POLARIS ST

CITY - ST - ZIP

ORLANDO FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

AUSTIN, BARRY

STREET ADDRESS

4748 AQUA CT

CITY - ST - ZIP

ORLANDO FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☒ Change ☐ Addition

1439 HIGH GROVE WAY
ORLANDO FLORIDA 32818

TITLE

PD

NAME

ZILLNER, ROBERT L, SR

STREET ADDRESS

408 CYPRESS ST

CITY - ST - ZIP

ORLANDO FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

AUSTIN, DESHREE

STREET ADDRESS

4748 AQUA CT

CITY - ST - ZIP

ORLANDO FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

1439 HIGH GROVE WAY
ORLANDO FLORIDA 32818

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 110.07(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:

BISHOP R.L. ZILLNER, SR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/1995 4:07 857-0199
DATE TELEPHONE #