FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1	996	DIVISION OF	JOH ONATIC), (0			
DOCUM 1. Corporation I	NENT # 7312	55 bon Societ	y, Inc	. .			
Principal Place of		Mailing Address	· · · · · · · · · · · · · · · · · · ·				
Principal Flace C	DI BUSINESS	6.4.A			:		
0.0.80°	V 1193		110 1				
			ok lika	M. I. andreas	3. Date Incorporated or Qualified	3a. Date of Last F	
C NO WANTED	. City:7L 3240 2-1799	YANA	wa cry	12321 or	12/23/1974	1-25-95	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26			51-0163793		lot Applicable Additional
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	, ,	Required
22 Ot 9 Ctobs		City & State			6. Election Campaign Financing	_ \$5.00	May Be
City & State		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr	у	8. This corporation has liability for in	ntangible tax under s.	199.032,
24	25	29	30		, ignere estatutus	Yes X No	
	9. Name and Address of Current	Registered Agent	81	Niemo	10. Name and Address of New R	agistereo Agent	
u.	1. 5 1.1		*'				
1000	rde, Jerry W. 1 E. Fourth St.		82	Street Addire	ss (P.O. Box Number is Not Acceptable	e)	
230	t E. Fourth St.		83	3			
1 : PAY	nama City, 76 32	(n)				85 Zip	o Code
· ·	•		84	1		FL T	
11. Pursuant t	o the provisions of Sections 617.0502 a	and 617.1508, Florida Statut	es, the above	named corpora	ation submits this statement for the pur	pose of changing its registered	egistered office
I or register	o the provisions of Sections 617.0502 a ed agent, or both, in the State of Florida th, and accept the obligations of, Sectio	i. Such change was authoriz	יטט טונו אט טסי	poration's board	d of directors, I hereby accept the appli	JITHERIT AS TEGISTORES	agone rum
SIGNATURE	an, and accept the congenions of the						
SIGNATURE	Signature, typed or printed name of registered agont a			ent signature required	when reinstaling) ADDITIONS CHANGES TO OFF	DATE IGERS AND DIRECTO	DRS IN 12
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS OF FREEDRICK	☐ Change	☐ Addition
TITLE	D V	[_]5000	1.2 NAM				
NAME STREET ADDRESS	Ingram, Ann 12634 Pierry Rd.			ET ADDRESS			
CITY-ST-ZIP	Danama Piti 713	240X	1.4 CITY	-ST-ZIP			
TITLE	N.D	DELETE	2 1 TITLE			Change	Addition
NAME	The Cummines. Robe	*	2 2 NAM	É			
STREET ADDRESS	421 NORL STAR HI	او	23 STRE	ET AODRESS			
CITY-ST-ZIP	PANAMA City, 46 3	zyov		/ - ST - ZIP		[] Change	Addition
TITLE	SD, Le	DELETE	3.1 TITU			Cl entenda	_
NAME	Carter Huyun	-L -	3 2 NAM	EET ADDRESS			
STREET ADDRESS	2939 W. 354 Cour	L 32405		Y-ST-ZIP			
CITY-ST-ZIP TITLE	TD	DELETE	4.1 TITL			☐ Change	Addition
NAME	Robertson JAMET		4. 2 NA	ME			
STREET ADDRESS	100 Allen Ave.		4.3 STR	EET ADDRESS			
CITY-ST-ZIP		32401	4.4 CITY	(-ST-ZIP	 9000018	99 6 h 9	☐ Addition
TITLE	(DELETÉ	5 1 TITL		90000181 -05/22/96010	5100 29	TT VOORSOLL
NAME	HARbison, CANdis		5 2 NAM		***61.25		
STREET ADDRESS	300 Chenny St. # 3	Kaner.		EET ADDRESS			1
CITY-ST-ZIP	YANAMA CITY, +L	DEFELE DEFELE	5.4 CIT	Y-ST-ZIP		☐ Change	- I Added
TITLE			6.2 NA			/ 5	15 '
NAME expect approces				HEET ADDRESS		() 0	ス' 34~
STREET ADDRESS			6400	V_ST_7IP		$ \bigcirc$ $-$	YV.
CITY-ST-ZIP	h and that the information supplied	with this filing is voluntarily fu	rnished and c	ioes not qualify t	for the exemption stated in Section 11	9.07(3)(k) Florida Statu	tes. I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption strated in Section 119.0/[3][6]—Border Statutes: I do hereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SONING OFFICER OR DIRECTOR

NONPROFIT CORPORATION ANNUAL REPORT 1996	Sandra Secre	ARTMENT OF STATE a B. Mortham tary of State F CORPORATIONS			
DOCUMENT # N95000	004722				
SAFE HARbor Minis	stries, Inc.				
Principal Place of Business	Mailing Address				
12629 New Britta	iny Blvd.				
Ft. Myees, FL 339	07		3. Date Incorporated or Qualified	3a. Date of Last	Report
2. Principal Place of Business	2a. Mailing Address 26		4. FEI Number		Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.7	Not Applicable Additional
City & State	City & State		Gertificate of Status Desired G. Election Campaign Financing	☐ Fee	Required
Zip Country	28		Trust Fund Contribution	Adde	May Be d to Fees
25	Zip 29	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s 1 Yes M No	199.032,
9. Name and Address of Curr	rent Registered Agent	81 Name	10. Name and Address of New Re	egistered Agent	
H. Jeffrey Smith		L. L	ress (P.O. Box Number is Not Acceptable	0)	
12629 New Britts	any Blud.	83	ress (1.0. box Number is Not Acceptable		
El M 00 Ct 32/	eni	63			
TT. HINEKS, Pr. 35"	7 ~ T	44			
Ft. Myers, FL 339		84 City			o Code
Pursuant to the provisions of Sections 617.05 or registered agent, or both, in the State of Fu	502 and 617.1508, Florida Statuti	es, the above-named corpo	ration submits this statement for the purp rd of directors. I hereby accept the appo	<u> FL </u>	
Pursuant to the provisions of Sections 617.05 or registered agent, or both, in the State of Fifamiliar with, and accept the obligations of, SeSIGNATURE	502 and 617.1508, Florida Statut lorida. Such change was authoriz ection 617.0503, Florida Statutes	es, the above-named corpo	ration submits this statement for the purp ard of directors. I hereby accept the appo	<u> FL </u>	
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SIGNATURE:

SIGNATURE AND TYPES OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/96 94/9362777 Date Phone Prone