

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N13162 (5)**

1. Corporation Name  
**SIGI AND DAVID OBLANDER MINISTRIES INC.**



Principal Place of Business Mailing Address  
**% DAVID OBLANDER**  
**7806 DUCK POND CT**  
**HUDSON FL 34667**

3. Date Incorporated or Qualified **01/01/1986** 3a. Date of Last Report **08/29/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 29 Zip 30 Country

4. FEI Number **59-2659576** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**OBLANDER, DAVID**  
**7806 DUCK POND CT**  
**HUDSON FL 34667**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OBLANDER, SIEGRID	
STREET ADDRESS	7806 DUCK POND CT	
CITY-ST-ZIP	HUDSON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OBLANDER, DAVID	
STREET ADDRESS	7806 DUCK POND CT	
CITY-ST-ZIP	HUDSON FL	
TITLE	D/T	<input type="checkbox"/> DELETE
NAME	RAGER, BETH	
STREET ADDRESS	5024 OSYTER COVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	IVAN VORSTER	
13 STREET ADDRESS	P.O. BOX 5452 N/A	
14 CITY-ST-ZIP	WALMER 6065, PORT ELIZABETH, RSA	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	LORA RUKOWSKI	
23 STREET ADDRESS	7605 SYLVAN DR.	
24 CITY-ST-ZIP	HUDSON, FL. 34667	
31 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	LOUISE MCKINNEY	
33 STREET ADDRESS	6329 KATHLEEN DR.	
34 CITY-ST-ZIP	HUDSON, FL. 34667	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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:** Sigi Ovtc-oh  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96 813 862 8579  
Date Day, Time Phone #

CR2E037 (12/95)