## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

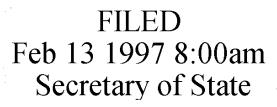
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(5)

SIGI AND DAVID OBLANDER MINISTRIES INC.





Dringing Diggs	of Divinose	Molling Addrson						
Principal Place of Business Mailing Address  * DAVID OBLANDER								
HUDSON FL 34667		HUDSON FL 34687-7110		3. Date incorporated or Qualified 3a. Date of Last Report 01/01/1986 03/26/1996			eport 196	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			plied For
n		26		59-2659576			t Applicable	
Suite, Apt. i 22		Suite, Apt. #, etc.			Certificate of Status Desired     See Required     See Required			
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	Added to Fees		
Zıp	Country	Zip	Cour	ntry	8. This corporation has liability for			. 199.032,
24	25   9. Name and Address of Curr	29	30		Florida Statutes  10. Name and Address of New Re	Yes X N		
	9, Name and Address of Curi	ent Registered Agent		81 Name	10. Name and Address of New Me	Bistelen Was	<u>M</u>	
ODI ANI	DED DAVID		L					
OBLANDER, DAVID 7806 DUCK POND CT				82 Street Ad	dress (P.O. Box Number is Not Acceptable)			
HUDSON FL 34667			ŀ	83				
	= + /++/		1	94 Co	·		el 7:- 1	Codo
			L	84 City		FL 8		Code
SIGNATURE	egistered agent, or both, in the Sta m to standard transfer of registered				rporation submits this statement for the pation's board of directors. I hereby acception when reinstaling	DATE		tt.
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	PD OFFICE OFFICE	DELETE	1.1 TIT	- 1		LJ	Change	Addition
NAME	OBLANDER, SIEGRID 7806 DUCK POND CT		1.2 NA	1				
STREET ADDRESS	HUDSON FL			REET ADDRESS				
CITY-ST-ZIP TITLE	VD	DELETE	2.1 TIT	Y-\$T- <b>ZI</b> P		П	Change	Addition
NAME	OBLANDER, DAVID		2.2 NA	- I			O. Marigo	Essel Francisco
STREET ADDRESS	7806 DUCK POND CT			REET ADDRESS				
CITY-S1-ZIP	HUDSON FL		1	TY-ST-ZIP				
TITLE	DT	☐ DELETE	3.1 TIT				Change	☐ Addition
NAME	RAGER, BETH		3.2 NA	ME				
STREET ADDRESS	5024 OSYTER COVE		3.3 ST	REET ADDRESS				
CITY-ST-ZIP	NEW PORT RICHEY FL			TY-ST-ZIP				17 2
TITLE	D NODOTED BIAN	L_) DELETE	4.1 717			L	Change	L. Addition
NAME CERTEX ADDRESS	Vorster, IVAN Po Box 5452, N/A		4.2 N	,				
STREET ADDRESS	WALMER 60665, PORT EL	IZARETH RSA		REET ADDRESS				
CITY-ST-ZIP TITLE	ח איז	DELETE	4.4 CII 5.1 TIT	Y-ST-ZIP			Change	Addition
NAME	ROZKOWSKI, LORA	Land Describ	5.1 111 5.2 NA	}		_		
STREET ADDRESS	7605 SYLVAN DR			REET ADORESS				
CITY-ST-ZIP	HUDSON FL 34667			ry-ST-ZIP				
TITLE	SD	DELETE	6.1 TIT				Change	Addition
NAME	MCKINNEY, LOUISE		6.2 NA	ME				
STREET ADDRESS	6329 KATHLEEN DR.		6.3 ST	REET ADDRESS				
CITY-ST-ZIP	HUDSON FL 34667		6.4 CI	TY-ST-ZIP				

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.

813-862-8579