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FILED
Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13162 (5)
1. Corporation Name
SIGI AND DAVID OBLANDER MINISTRIES INC.



Principal Place of Business % DAVID OBLANDER 7806 DUCK POND CT HUDSON FL 34667	Mailing Address % DAVID OBLANDER 7806 DUCK POND CT HUDSON FL 34667-7110
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country

3. Date Incorporated or Qualified 01/01/1986	3a. Date of Last Report 03/26/1996
4. FEI Number 59-2659576	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 [Signature]

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ 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	DT	<input type="checkbox"/> DELETE
NAME	RAGER, BETH	
STREET ADDRESS	5024 OSYTER COVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VORSTER, IVAN	
STREET ADDRESS	PO BOX 5452, N/A	
CITY-ST-ZIP	WALMER 80665, PORT ELIZABETH RSA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROZKOWSKI, LORA	
STREET ADDRESS	7605 SYLVAN DR	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCKINNEY, LOUISE	
STREET ADDRESS	6329 KATHLEEN DR.	
CITY-ST-ZIP	HUDSON FL 34667	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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.

SIGNATURE: David Oblander **DAVID OBLANDER** 2-7-97 813-862-8579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068224

CR2E037 (9/96)