

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 01/01/1986	Applied For Not Applicable
4. FEI Number 59-2659576	

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 7268
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State HUDSON FL
23	28
Zip	Zip 34674
24	29
Country	Country
30	

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD OBLANDER, SIEGRID 7806 DUCK POND CT HUDSON FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD OBLANDER, DAVID 7806 DUCK POND CT HUDSON FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DT RAGER, BETH 5024 OSYTER COVE NEW PORT RICHEY FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	DT RAGER, BETH
STREET ADDRESS		3.3 STREET ADDRESS	1533 Lewis
CITY-ST-ZIP		3.4 CITY-ST-ZIP	worden, MT 59088
TITLE	D VORSTER, IVAN PO BOX 5452, N/A WALMER 00665, PORT ELIZABETH RSA	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	D VORSTER, IVAN
STREET ADDRESS		4.3 STREET ADDRESS	333 OLD MILL Rd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SANTA BARBARA, CA 93110
TITLE	D ROZKOWSKI, LORA 7605 SYLVAN DR HUDSON FL 34667	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	SD MCKINNEY, LOUISE 8329 KATHLEEN DR. HUDSON FL 34667	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 **REQUIRED** 2-27-98 813-862-8579

CR2E037 (10/97)