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CORPORATION ANNUAL REPORT
1995

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

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95 FEB 17 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27377 (3)

1. Corporation Name

LARRY MCFADDEN MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
%TIMOTHY J. MANOR 215 NORTH EOLA DRIVE ORLANDO FL 32801	%TIMOTHY J. MANOR 215 NORTH EOLA DRIVE ORLANDO FL 32801

3. Date Incorporated or Qualified: 07/12/1988
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2905071 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MANOR, TIMOTHY J.
215 NORTH EOLA DRIVE
ORLANDO FL 32801

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 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE D	☐ Change ☐ Addition
NAME	MCKEE, AUDREY	1.2 NAME	Slaughter, Bosco
STREET ADDRESS	5519 MEADOW PINE CT.	1.3 STREET ADDRESS	P.O. Box 590413 N/A
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32859
TITLE	DT	2.1 TITLE DT	☐ Change ☐ Addition
NAME	MCFADDEN, TERESA K.	2.2 NAME	Eddy, Carson
STREET ADDRESS	4514 WHEELHOUSE CT	2.3 STREET ADDRESS	1461 Montcalm St.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32806
TITLE	DV	3.1 TITLE DV	☐ Change ☐ Addition
NAME	VICKERY, ROBERT M.	3.2 NAME	Shoup, Terry
STREET ADDRESS	301 SALVADOR SQUARE	3.3 STREET ADDRESS	1122 Brookline Ct.
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	DV	4.1 TITLE DV	☐ Change ☐ Addition
NAME	MCFADDEN, J.N.	4.2 NAME	Kirkland, Tom
STREET ADDRESS	1215 LAKEVIEW CIRCLE	4.3 STREET ADDRESS	1325 Buckwood Dr.
CITY-ST-ZIP	GREER SC	4.4 CITY-ST-ZIP	Orlando, FL 32806
TITLE	DV	5.1 TITLE DV	☐ Change ☐ Addition
NAME	ALBERT, BILL	5.2 NAME	Hembree, Joe
STREET ADDRESS	4508 HAYLOCK DRIVE	5.3 STREET ADDRESS	2813 Midsummer Dr.
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Windermere, FL 34786
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME	Roberts, Bob	6.2 NAME	McCully, Mac
STREET ADDRESS	5168 Fairway Oaks Dr.	6.3 STREET ADDRESS	2920 N. Westmoreland
CITY-ST-ZIP	Windermere, FL 34786	6.4 CITY-ST-ZIP	Orlando, FL 32804

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)(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 Larry McFadden, President 2/9/96 425-2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003868