

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 21 AM 10:29

DOCUMENT # N94000000571 (9)

SAINTS ON THE MOVE FOR CHRIST EVANGELISTIC MINISTRY, INCORPORATED

500001544895
-07/25/95--01019--004
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 17325 NW 27TH AVE SUITE 100 MIAMI FL 33054 | 17325 NW 27TH AVE SUITE 100 MIAMI FL 33054 |

| | |
|--|---|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 01/28/1994 | N/A |
| 4. FEI Number | Applied For |
| 65-0491594 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election to Suspend Payments of Franchise Fees | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status | FILING FEE IS \$61.25 |
| <input checked="" type="checkbox"/> | |
| 8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | |
|----------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 17325 N. W 27th Ave | 25 |
| 22 Suite, Apt. #, etc. SUITE 100 | 27 State, Apt. #, etc. |
| 23 City & State MIAMI, FL | 28 City & State |
| 24 ZIP 33054 | 29 Country U.S.A |
| | 30 |

9. Name and Address of Current Registered Agent

STEWART, GERALD B
505 N LIBERTY ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

I, the undersigned, being duly qualified, do hereby certify that the above named corporation has duly elected me as its registered agent, and I accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: _____ (Registered Agent) _____ (Secretary of State)

| 12. OFFICERS AND DIRECTORS | | 13. REGISTERED AGENTS | |
|----------------------------|------------------------|-----------------------|---|
| TITLE | D | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, TRACY B | 1. NAME | |
| STREET ADDRESS | 1011 DIXON ST | 1. STREET ADDRESS | |
| CITY, ST, ZIP | JACKSONVILLE FL 32205 | 1.4 CITY, ST, ZIP | |
| TITLE | D | 2. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICHARDS, SARA | 2. NAME | |
| STREET ADDRESS | 1314 NW 9TH TER | 2. STREET ADDRESS | |
| CITY, ST, ZIP | FT LAUDERDALE FL 33311 | 2.4 CITY, ST, ZIP | |
| TITLE | D | 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PALMER, MICHAEL | 3. NAME | |
| STREET ADDRESS | 1188 N STATEROAD 7 | 3. STREET ADDRESS | |
| CITY, ST, ZIP | LAUDERDALE FL 33313 | 3.4 CITY, ST, ZIP | |
| TITLE | D | 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FAIRCLOUGH, SHARON | 4. NAME | |
| STREET ADDRESS | 2807 HICKORY CIR | 4. STREET ADDRESS | |
| CITY, ST, ZIP | MIMS FL 32754 | 4.4 CITY, ST, ZIP | |
| TITLE | D | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PALMER, PAMELA | 5. NAME | |
| STREET ADDRESS | 1188 N STATEROAD 7 | 5. STREET ADDRESS | |
| CITY, ST, ZIP | LAUDERHILL FL 33313 | 5.4 CITY, ST, ZIP | |
| TITLE | | 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6. NAME | |
| STREET ADDRESS | | 6. STREET ADDRESS | |
| CITY, ST, ZIP | | 6.4 CITY, ST, ZIP | |

I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(b), 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: Sharon Fairclough Sharon Fairclough 6/22/95 (205) 3789

CR2E037 (3/95)