

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$385)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

**95 JUN 29 AM 8:16**

**DOCUMENT # N94000000690 (7)**

1. Corporation Name

**BEHOLD THE FIELDS INTERNATIONAL MINISTRIES, INC.**

Principal Place of Business

535 CURTISS DR.  
OPA LOCKA FL 33054

Mailing Address

535 CURTISS DR.  
OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/07/1994**

3a. Date of Last Report

4. FEI Number

**65-0466307**

Applied For

Not Applicable

2. Principal Place of Business

**21 12001 SW 213 Street**

2a. Mailing Address

**26 P.O. Box 540918**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Miami (Goulds) FL**

City & State

**28 OPA LOCKA FL**

Zip

**24 33177**

Country

**25 USA**

Zip

**29 33054**

Country

**30 USA**

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

**FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**ELISTON, MARY  
535 CURTISS DR.  
OPA LOCKA FL 33054**

10. Name and Address of New Registered Agent

81 Name

**same as before**

82 Street Address (P.O. Box Number is Not Acceptable)

**12001 SW 213 Street**

83

84 City

**Miami (Goulds)**

**FL**

85 Zip Code

**33177**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

**EVANGELIST T**  Change  Addition  
**Vernon Swindle**  
**5930 N.W. 23 AVE**  
**Miami FL 33142**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

**PROPHET**  Change  Addition  
**DONALD BAIN**  
**95 N.E. 71 STREET Apt E**  
**MIAMI FL 33177**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

**EVANGELIST T/M**  Change  Addition  
**SANDRA MOSS**  
**10920 SW. 200 DRIVE apt #307**  
**CUTLER RIDGE FL 33177**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

**EVANGELIST S**  Change  Addition  
**TOWHA ELISTON**  
**12001 SW 213 Street**  
**Miami FL 33177**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

Change  Addition

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)(k), 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: **Mary Eliston**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARY ELISTON** **6/22/95** **308**  
Date (Day/Month/Year)

CRCE037 (3/95)