

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

25 MAY 16 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002930 (5)

1. Corporation Name

ONESIMUS EVANGELISTIC MINISTRIES, INC.

Principal Place of Business

Mailing Address

4752 AMOY CT.  
ORLANDO FL 32805  
32811

4752 AMOY CT.  
ORLANDO FL 32805  
32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1994

3a. Date of Last Report

4. FEI Number

69-3252750

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 SAME AS ABOVE

26 SAME AS ABOVE

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 tangible tax under S. 199.032,  
Florida Statutes

Yes  No

24

25

28

30

9. Name and Address of Current Registered Agent

WADE, ANDREW  
4752 AMOY CT.  
ORLANDO FL 32805

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

ANDREW WADE

Andrew Wade

5/8/95

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<del># PRESIDENT</del>
NAME	WADE, ANDREW
STREET ADDRESS	4752 AMOY CT.
CITY - ST - ZIP	ORLANDO FL 32805
TITLE	D
NAME	EDWARDS, JANNIE
STREET ADDRESS	7554 GOLDEN GLENN DR.
CITY - ST - ZIP	ORLANDO FL 32807
TITLE	<del>D</del>
NAME	<del>WILLIAMS, DORRY</del>
STREET ADDRESS	<del>207 MONROE ST., APT. 45A</del>
CITY - ST - ZIP	<del>MAITLAND FL 32751</del>
TITLE	D
NAME	MORRIS, LINDA
STREET ADDRESS	2868 NORTH POWERS DR.
CITY - ST - ZIP	ALLENDALE, FL 32818
TITLE	D
NAME	SPANAW LAWRENCE
STREET ADDRESS	3609 PEPPERS ON THE GLENWAY
CITY - ST - ZIP	ORLANDO, FL 32818
TITLE	D
NAME	JENKINS, ROBIN
STREET ADDRESS	6060 SCOTCHWOOD GLENN
CITY - ST - ZIP	APT # 104 ORLANDO, FL 32822

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	OWEN, ALICE	
13 STREET ADDRESS	2221 SOUTH SWANSON DR.	
14 CITY - ST - ZIP	DUNEDIN, FL 32738	
21 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	4730 SOUTH RED GRASS AVE	
24 CITY - ST - ZIP	ORLANDO, FL 32839	
31 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	BATTLE, OWEN	
33 STREET ADDRESS	2825-D W.B. McLEOD RD	
34 CITY - ST - ZIP	ORLANDO, FL 32805	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 my address.

SIGNATURE:

ANDREW WADE

Andrew Wade

Pres. Trust

5/8/95

(407) 648-1975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Title)

Florida Filing #