FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT** # 1. Corporation Name

N9400005624 (1)

CREATION WORLDVIEW MINISTRIES, INC.

FILED Jan 29 1996 8:00 am Secretary of State

Principal Place	e of Business	Mailing Address					
		·			516 15111 51911 55111 5511	· · ···· · · · · · · · · · · · · · · ·	
4698 HALL I ORLANDO F		4698 HALL RD ORLANDO FL 32817					
					3. Date incorporated or Qualified	3a. Date of Last	•
					11/15/1994	02/21/1	995
¬, ⊢,		2a, Mailing Address 26			4. FEI Number	}+	Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			59-3279970		Not Applicable
:2		27			5. Certificate of Status Desired		Additional Required
City & State	е	City & State			6. Election Campaign Financing	\$5.0	O May Be
3		28			Trust Fund Contribution		d to Fees
Zip 4	Country	Zφ	Coun	try	8. This corporation has liability for		199.032,
4	9. Name and Address of Curre	29 ent Registered Agent	30			Yes No	
	5, Hamb Bild Addition of Cult	ant magnatered Agent		31 Name	10. Name and Address of New F	egistered Agent	
MOMENT	TOV COADV					•	
MCMURTRY, GRADY 4698 HALL RD				Street Add	ress (P.O. Box Number is Not Acceptab	·le)	
	DO FL 32817		ļ.	33			
OHDUN	DO 1 E 02011		ļ.	34 City			
				'	ration submits this statement for the pur		p Code
familiar wi	ith, and accept the obligations of, Sec Signature, typod or printed name of registered ago	ction 617.0503, Florida Statutes	•	gent signature require	rd of directors. I hereby accept the app	DATE	agent. I am
12.		ND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFF		ORS IN 12
TITLE	D	DELETE	1.1 TITL	E		☐ Change	☐ Addition
NAME	MCMURTRY, GRADY S		1.2 NAN	16			
STREET ADDRESS	4698 HALL RD		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32817	Clockete		-ST-ZIP			
TITLE NAME	D	☐ DELETE	2 1 TiTL			☐ Change	Addition
STREET ADDRESS	HENRY, THOMAS L		2 2 NAN	_			
CITY-ST-ZIP	6337 UNDINE WAY			EET ADDRESS			
TITLE	ORLANDO FL 32818	DELETE	3 1 TITL	Y - ST - ZIP E		☐ Change	Addition
NAME	CONTE, VINCENT M	Manual	3 2 NAN				
STREET ADDRESS	383 REMINGTON DR		3.3 STR	EET ADORESS			
CITY-ST-ZIP	OVIEDO FL 32765		34 CIT	Y - S1 - ZIP			
TITLE	D	DELETE	4.1 TITL			☐ Change	Addition Addition
NAME	OSTALKIEWICZ, CLARENCE	J	4. 2 NAI				
STREET ADDRESS	6 GROSS LN			EET ADORESS			
CITY - ST - ZIP TITLE	WATERVILLE ME 04901	DELETE	5.1 TITL	'-ST-ZIP		☐ Change	Addition
NAME			5 2 NAN			C) orange	
STREET ADDRESS				EET ADDRESS			
CITY - ST - ZIP			- 1	'-ST-Z⊮			
TITLE		DELETE	61 TITL			☐ Change	Addition
NAME			6.2 NAN	IE			
STREET ADDRESS			63 STA	EFT ADDRESS			
CITY-ST-ZIP			6.4.0(7)	- ST - 7IP			

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: