FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # N9600005191 (9)

AWESOME GOD MINISTRIES, INC.

Principal Place of Business Mailing Address										a embetemt mim emein diter marte dubbe e	. W.L. I. M.M. 1.1. 1		smim: asht smit	
224 EAST GARDEN STREET 224 EAST GARDEN STREET						EET								
SUITE 325 PENSACOLA FL 32501 PENSACOLA FL 32501-6082														
PENSACOLA FL 32501 PENSACOLA FL 32501-6082										3. Date Incorporated or Qualified	3a. D	ate of Last R	eport	7
							·			10/07/1996		N/A		
L	Principal P	lace of Busin	1885	h	ailing Address					4. FEI Number			oplied For	4
21	Suite, Apt.	# oto		26	ite, Apt. #, etc.					59-3415748			ot Applicable	4
22	Suite, Apr.	w, etc.		27	nte, Apr. #, etc.					5. Certificate of Status Desired		Fee Re	Additional equired	
İ	City & State	е		Ci	ty & State					6. Election Campaign Financing		\$5.00	May Be	7
23				28]	,					Trust Fund Contribution		Added	to Fees	1
L	Zip I		Country	Zi	p		untry			8. This corporation has liability for it			. 199.032,	
24	l	o Neme	25 and Address of Curre	29 nt Register	rd Agent	30	1-			Florida Statutes 10. Name and Address of New Reg	Yes			-
}—		B. 1421110	BIO ADDIOS OF COLO	iii nogratori	o Agent	·	81	Name		10. Halite allo Abultese di Herr Maj	lieroi en	Våeit		1
LOWELL, ROBERT													·	4
}		ST GARDEN	J ST				82	Street	Addre	ss (P.O. Box Number is Not Acceptable	le)			İ
1	SUITE 3	•	(0).				83							1
}		COLA FL 3	2501				84	City				AF Zin	Code	4
}							**	City			FL	85 Zip i	Jode	
1	I. Pursuant	to the provis	ions of Sections 617.05	02 and 617.	1508, Florida Stati	ites, the a	bove	-nameo	corpo	ration submits this statement for the p	urpose c	f changing if	s registered	7
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 it 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.													registered	
s	GNATURE .								,					
1	<u></u>	Signature, typod	or printed name of registered ac OFFICERS AN			OTE: Registers 13.		nt signatur	e required	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG ANI	D DIRECTOR	S IN 12	12
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14. I do hereby certify that the information supplied with this filing 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:

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

27.75047430-871

FILED

Apr 17 1997 8:00am

Secretary of State