

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N9300003184*

1. Corporation Name

MARS HILL MINISTRIES, INC

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7/9/93

3a. Date of Last Report

4/94

4. FEI Number

65 0426212

Applied For

Not Applicable

2. Principal Place of Business

21 *5151 COLLINS AVE*

2a. Mailing Address

26 *5151 COLLINS AVE*

Suite, Apt. #, etc.

828

Suite, Apt. #, etc.

828

City & State

23 *MIAMI BCH, FL*

City & State

28 *MIAMI BCH, FL*

Zip

24 *33140*

Country

25 *USA*

Zip

29 *33140*

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

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

*ROBERT FOUNTAIN
1881 WASHINGTON AVE #6-G
MIAMI BCH, FL 33139*

10. Name and Address of New Registered Agent

81 Name *ROBERT FOUNTAIN*
82 Street Address (P.O. Box Number is Not Acceptable)
5151 COLLINS AVE
83 *APT 828*
84 City *MIAMI BEACH* FL 85 Zip Code *33140*

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

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

(NOTE: Registered Agent signature required when reappointing)

4/15/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<i>PRES</i>	<i>ROBERT FOUNTAIN</i>		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
<i>D</i>	<i>ROBERT FOUNTAIN</i>	<i>5151 COLLINS AVE, #828</i>	<i>MIAMI BEACH, FL 33140</i>	☒	☐
<i>D</i>	<i>BRIAN STEPHENS</i>	<i>5353 COLLINS AVE #12-F</i>	<i>MIAMI BCH, FL 33140</i>	☒	☐
<i>D</i>	<i>ANNA PANARD</i>	<i>421 WASHINGTON AVE</i>	<i>MIAMI BCH, FL 33139</i>	☐	☒
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Fountain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT FOUNTAIN

4/15/95

305)531-2730
Telephone Number

REMITTED BY MAY 1