

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 27 PM 12: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N16140** (8)  
1. Corporation Name  
**ALDRIDGE FAMILY MINISTRIES, INC.**

Principal Place of Business Mailing Address  
**704 COLUMBIA AVENUE ST. CLOUD FL 34769 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/24/1986</b>	3a. Date of Last Report <b>04/25/1994</b>
4. FEI Number <b>59-2734013</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 [ ]	26 [ ]
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 [ ]	27 [ ]
City & State	City & State
23 [ ]	28 [ ]
Zip Country	Zip Country
24 [ ] 25 [ ]	29 [ ] 30 [ ]

9. Name and Address of Current Registered Agent

**ALDRIDGE, SILAS B.  
704 COLUMBIA AVE.  
ST. CLOUD FL 34769**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ALDRIDGE, SILAS B.
STREET ADDRESS	704 COLUMBIA AVE.
CITY- ST- ZIP	ST. CLOUD FL
TITLE	DS
NAME	PHILLIPS, MATTHEW
STREET ADDRESS	510 FLORAL DR.
CITY- ST- ZIP	KISSIMMEE FL
TITLE	VTD
NAME	ALDRIDGE, RONALD, B
STREET ADDRESS	1530 WOODCROFT
CITY- ST- ZIP	FT. MILL SC
TITLE	D
NAME	GIBBONS, BRUCE
STREET ADDRESS	7008 THAMES CT
CITY- ST- ZIP	MATTHEWS NC
TITLE	D
NAME	JOHNSON, BOB
STREET ADDRESS	2930 CHERRY BLOSSOM CT
CITY- ST- ZIP	FT MILL SC
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Silas B. Aldridge Silas B. Aldridge 4/21/95 - 407-957-5188  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (License #)