

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N16140** (8)

1. Corporation Name
ALDRIDGE FAMILY MINISTRIES, INC.



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

3. Date Incorporated or Qualified: **07/24/1986**
3a. Date of Last Report: **04/27/1995**

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

4. FEI Number: **59-2734013**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ALDRIDGE, SILAS B.	
STREET ADDRESS	704 COLUMBIA AVE.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	PHILLIPS, MATTHEW	
STREET ADDRESS	510 FLORAL DR.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	ALDRIDGE, RONALD, B	
STREET ADDRESS	1530 WOODCROFT	
CITY-ST-ZIP	FT. MILL SC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBBONS, BRUCE	
STREET ADDRESS	7008 THAMES CT	
CITY-ST-ZIP	MATTHEWS NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, BOB	
STREET ADDRESS	2930 CHERRY BLOSSOM CT	
CITY-ST-ZIP	FT MILL SC	
TITLE		<input type="checkbox"/> DELETE
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 617, 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* Date: **4-16-96** Daytime Phone #: **407-344-2524**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)