

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 # N93000003184 (9)

1. Corporation Name

MARS HILL MINISTRIES, INC.



Principal Place of Business

Mailing Address

5151 COLLINS AVE.
#828
MIAMI BEACH FL 33140

5151 COLLINS AVE.
#828
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified

07/09/1993

3a. Date of Last Report

05/01/1995

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

10. Name and Address of New Registered Agent

FOUNTAIN, ROBERT F
5151 COLLINS AVE.
#828
MIAMI BEACH FL 33140

81 Name

ROBERT FOUNTAIN

82 Street Address (P.O. Box Number is Not Acceptable)

110 S. SHORE DR #6C

83

84 City

MIAMI BCH

FL

85

Zip Code

33141

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

Robert F. Fountain

ROBERT F. FOUNTAIN

5/4/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME FOUNTAIN, ROBERT F
STREET ADDRESS 5151 COLLINS AVE., #828
CITY-ST-ZIP MIAMI BEACH FL 33140

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME FOUNTAIN, ROBERT F
1.3 STREET ADDRESS 110 S. SHORE DRIVE, #6C
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE D ☐ DELETE

NAME STEPHENS, BRIAN
STREET ADDRESS 5353 COLLINS AVE., #12-F
CITY-ST-ZIP MIAMI BEACH FL 33140

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME PANARO, ANNA
STREET ADDRESS 421 WASHINGTON AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/96

305 531 2730

Date

Daytime Phone #

CR2E037 (12/95)