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 24 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713672 (4)

1. Corporation Name
MINISTERIAL APOSTOLIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% REV. DONALD L. LERO 623 S W 1ST AVENUE HOMESTEAD FL 33030-7216	% REV. DONALD L. LERO 623 S W 1ST AVENUE HOMESTEAD FL 33030-7216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1967
3a. Date of Last Report: 03/02/1994
4. FEI Number: 49-4161707 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1800 E HOWRY DR	26 1800 E HOWRY DR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HOMESTEAD, FL	City & State 28 HOMESTEAD, FL.
Zip / Country 24 33033 / 25 DADE	Zip / Country 29 33033 / 30 DADE

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

LERO,DONALD L
623 S W 1ST AVENUE
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name: LERO, DONALD L.
82 Street Address (P.O. Box Number is Not Acceptable): 1800 E MOWRY DR
83
84 City: HOMESTEAD, FL 85 Zip Code: 33033

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	WHEELER, S E JR.	1.2 NAME		
STREET ADDRESS	ROUTE 1 BOX 121	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLT FL	1.4 CITY-ST-ZIP		
TITLE	CD	2.1 TITLE		☐ Change ☐ Addition
NAME	NEAL, CLAYNE E.	2.2 NAME		
STREET ADDRESS	ROUTE 11 BOX 191 B	2.3 STREET ADDRESS		
CITY-ST-ZIP	DOTHAN AL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	LERO, D.L.	3.2 NAME	LERO, D.L.	
STREET ADDRESS	623 SW 1ST AVENUE	3.3 STREET ADDRESS	1800 E MOWRY DR.	
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	HOMESTEAD, FL.	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	NEAL, CHARLES E.	4.2 NAME		
STREET ADDRESS	RT. 11 BOX 191B	4.3 STREET ADDRESS		
CITY-ST-ZIP	DOTHAN AL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Rev. Donald L Lero 4-8-95 305-248-2573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000780