FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715031

(1)

MIDNIGHT CRY PUBLISHING CORPORATION, INC.

| | .,,, | | | | | | | | |
|--|--|--|--------------------------------|--------------------|---------------------------------------|--|--|--|-----------------------|
| Principal Place | of Business | Mailing Address | | | | T 1806H 1060H 1100H BHHI \$0400 4HDH 3H | OI Birit Birit Al | JA 31811 BIA | |
| P O BOX 2439 HOBE SOUND F | FL 33475 | P O BOX 2439 HOBE SOUND FL 33475-2439 | | | | • | ě | | |
| | | | | | Ī | 3. Date Incorporated or Qualified 07/29/1968 | 3a. Date 0 | of Last Re 126/199 | port 16 |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number 23-7015230 | | | plied For |
| Suite, Apt. | # nic | Suite, Apt. #, etc. | | | | 25"/0/10200 | | | t Applicable |
| 22 | #, etc. | 27 | | | | 5. Certificate of Status Desired Fee Regulred | | | |
| City & State | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 | | 28 | | | Trust Fund Contribution | | Added to | | |
| Zip | Country Zip 29 3 | | Country | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No | | | |
| 24 | 9. Name and Address of Curren | ·-·· | 30 | | | 10. Name and Address of New Re | | | |
| | | | 81 | Name |) | | —————————————————————————————————————— | | |
| BECK, L. | | | 82 | Street | Address | (P.O. Box Number is Not Acceptab | le) | | |
| 8705 S.E. BAHAMA CIRCLE | | | 83 | | · · · · · · · · · · · · · · · · · · · | | | | |
| HOBE SI | OUND FL 33455 | | | | | | | ······································ | |
| | | | 84 | City | | | FL I | 35 Zip (| Code |
| 11. Pursuant I | to the provisions of Sections 617.050 egistered agent, or both, in the State | 2 and 617.1508, Florida Statutes | s, the above | -name | d corpore | ation submits this statement for the p | urpose of ch | anging its | s registered |
| agent. I a | m familiar with, and accept the obliga | ations of, Section 617.0503, Flori | ida Statutes |) ine co 3. | poration | s board of directors, thereby accep | t trie appoin | arnoill de | e Glatai e u |
| SIGNATURE _ | Signature, typed or printed name of registored age | at and title if applicable AIOTE | Posintered Acc | et elepatu | ro somulead w | vhen reinstating) | DATE | | |
| 12. | OFFICERS AN | | 13. | FIX BIQUALUI | e redused a | ADDITIONS/CHANGES TO OFFIC | | RECTOR | S IN 12 |
| TITLE | CO | ☐ DELETE | 1.1 TITLE | | T | | | Change | Addition |
| NAME | BEIRNES, M G | | 1.2 NAME | | 1 | | | | |
| STREET ADDRESS | | | 1.3 STAEET | 1.3 STREET ADDRESS | | | | | |
| CITY-\$1-ZIP | | | | 1.4 CITY-ST-ZIP | | ····· | | | |
| TITLE | SD DELETE | | 2.1 TITLE | | 1 | | | Change | Addition |
| NAME | BEIRNES, JEANNIE 8845 SE BAHAMA CIR | | 2.2 NAME 2.3 STREET ADDRESS | | | • " | | | |
| STREET ADDRESS CITY-ST-ZIP | HOBE SOUND, FL 00000 | | 2.3 STREET | | | | | | |
| TITLE | TD | | | 3.1 TITLE | | | | Change | Addition |
| NAME | BEIRNES, J T | | 3.2 NAME | | | | | | |
| STREET ADDRESS | 8705 SE BAHAMA CIR | | 3.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY - S | ST-ZIP | | | | · | |
| TITLE | MD | ☐ DELETE | 4.1 TITLE | | | | LJ | Change | Addition |
| NAME | BECK, L. K. | | 4. 2 NAME | | | • | | | |
| STREET ADDRESS | HODE AGUND EL | | 4.3 STREET | | 1 | • | | | |
| CITY-ST-ZIP TITLE | HODE SOOND I'E | DELETE | 4.4 CITY - S 5.1 TITLE | I-ZIP | | | | Change | Addition |
| NAME | | | 5.2 NAME | | | | | 4 - | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | | Change | Addition |
| NAME | | | 6.2 NAME | | 1 | | | | |
| STREET ADDRESS | | | 6.3 STREET | | 1 | | | | |
| CITY-ST-ZIP | ay cartify that the information avanling | d with this filing does not executive | 64 CITY-S | T-ZIP | etated in | Section 119 07/3)/i) Clarida Statuta | . I further ee | rtify that | the |
| informatio I am an of appears it | by certify that the information supplies in indicated on this innual report or s fficer or director of the corporation or in Block 12 or Block 13 if changed or | supplemental annual report is tru the receiver or trustee empower on an attachment with an address | ess. | urate an | d that my | y signature shall have the same legals s required by Chapter 617, Florida S | i effect as if tatules; and | made und that my n | der oath; that ame |