FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

NON-PROFIT

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

APPROVED AND FILED

95 APR 20 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720667

1. Corporation Name
KERYGMA, INC.

Principal Place of Business / Mailing Address
253 MERRITT SQUARE, SUITE 158A
MERRITT ISLAND, FL 32952-3309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/71
3a. Date of Last Report: 03/24/94
4. FEI Number: 237143047 — Applied For / Not Applicable

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

5. Certificate of Status Desired: X — $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: X — $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
FRED J. STEVENS
253 MERRITT SQUARE SUITE 158A
MERRITT ISLAND FL 32952-3309

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Director	1.1 TITLE	☐ Change ☐ Addition
NAME	FRED J. STEVENS	1.2 NAME	
STREET ADDRESS	253 MERRITT SQUARE, SUITE 158A	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952-3309	1.4 CITY-ST-ZIP	
TITLE	DIRECTOR	2.1 TITLE	☐ Change ☐ Addition
NAME	ARTHUR NUERNBERG	2.2 NAME	300001464833
STREET ADDRESS	1204 DENSMORE DR.	2.3 STREET ADDRESS	-04/26/95--01020--011
CITY-ST-ZIP	WINTER PARK, FL	2.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	DIRECTOR	3.1 TITLE	☐ Change ☐ Addition
NAME	GLADYS NUERNBERG	3.2 NAME	
STREET ADDRESS	1204 DENSMORE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL	3.4 CITY-ST-ZIP	
TITLE	SECRETARY/TREASURER/DIRECTOR	4.1 TITLE	☐ Change ☐ Addition
NAME	DARALYN P. STEVENS	4.2 NAME	
STREET ADDRESS	253 MERRITT SQUARE, SUITE 158A	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952-3309	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	$87 4/20
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)(i), 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: Fred J. Stevens FRED J. STEVENS, April 11, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #