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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 722477 (7)

1. Corporation Name

R. L. ZILLINER SALVATION HEALING MIRACLE REVIVAL
S WORLD-WIDE, INC.

Principal Place of Business

Mailing Address

406 CYPRESS STREET
P.O. BOX 593561
ORLANDO FL 32858

406 CYPRESS STREET
P.O. BOX 593561
ORLANDO FL 32859-3561



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

ZILLINER, BISHOP R.L., SR.
406 CYPRESS ST.
P.O. BOX 593561
ORLANDO FL 32824

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

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

TITLE SD
NAME YOSKMETICS, GLORIA
STREET ADDRESS 429 VENTURA AVE
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME ZILLINER, HOLLIE L.
STREET ADDRESS 406 CYPRESS ST
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME CLUE, SAMUEL
STREET ADDRESS 5115 POLARIS ST
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME AUSTIN, BARRY
STREET ADDRESS 1439 HIGH GROVE WAY
CITY-ST-ZIP ORLANDO FL

TITLE PD
NAME ZILLINER, ROBERT L., SR
STREET ADDRESS 406 CYPRESS ST
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME AUSTIN, DESIREE
STREET ADDRESS 1439 HIGH GROVE WAY
CITY-ST-ZIP ORLANDO FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DAIL C. ALLEN
3803 RAVENWOOD AVE
ORLANDO, FLORIDA 32839

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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

CR2E037 (9/96)