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 MAY -1 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728161 (1)

1. Corporation Name
LLEWELLYN MINISTRIES INC.

Principal Place of Business	Mailing Address
1925 HAMMOCK RD SEBRING FL 33872-1445	1925 HAMMOCK RD SEBRING FL 33872-1445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1973
3a. Date of Last Report: 07/11/1994
4. FEI Number: 59-1571026 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

JACKSON, (ANDREW B.)
150 N. COMMERCE AVENUE
SEBRING FL 33870

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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LLEWELLYN, DAVID, L, JR	1.2 NAME	
STREET ADDRESS	5800 FRITZIE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FAIR OAKS CA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LLEWELLYN, SARA E	2.2 NAME	
STREET ADDRESS	1925 HAMMOCK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	LLEWELLYN, LEWIS	3.2 NAME	
STREET ADDRESS	1925 HAMMOCK RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SHADE, KENNETH L	4.2 NAME	
STREET ADDRESS	933 KERRY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HOLDEMAN, HOWARD	5.2 NAME	
STREET ADDRESS	4719 HIBISCUS COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP	
TITLE	STD	6.1 TITLE	☐ Change ☐ Addition
NAME	ELLIS, JOHN	6.2 NAME	
STREET ADDRESS	4134 SELAH ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	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: Lewis Llewellyn 4-25-95 813-385-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lewis Llewellyn

0018348