

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 728161

(1)

1. Corporation Name

LLEWELLYN MINISTRIES INC.



Principal Place of Business

1925 HAMMOCK RD
SEBRING FL 33872-1445 8417

Mailing Address

1925 HAMMOCK RD
SEBRING FL 33872-1445 8417

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
11/30/1973

3a. Date of Last Report
05/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 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

TITLE D
NAME LLEWELLYN, DAVID, L. JR.
STREET ADDRESS 5600 FRITZIE COURT
CITY - ST - ZIP FAIR OAKS CA ☐ DELETE

TITLE D
NAME LLEWELLYN, SARA E
STREET ADDRESS 1925 HAMMOCK RD
CITY - ST - ZIP SEBRING FL ☐ DELETE

TITLE PD
NAME LLEWELLYN, LEWIS
STREET ADDRESS 1925 HAMMOCK RD
CITY - ST - ZIP SEBRING FL ☐ DELETE

TITLE D
NAME SHADE, KENNETH L
STREET ADDRESS 933 KERRY DRIVE
CITY - ST - ZIP SEBRING FL ☐ DELETE

TITLE D
NAME HOLDEMAN, HOWARD
STREET ADDRESS 4719 HIBISCUS COURT
CITY - ST - ZIP SEBRING FL ☐ DELETE

TITLE STD
NAME ELLIS, JOHN
STREET ADDRESS 4134 SELAH ROAD
CITY - ST - ZIP SEBRING FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 14, 1996

Date

Daytime Phone #

CR2E037 (3/96)