**FILE NOW: FILING FEE IS \$61.25** 

**FILED** NONPROFIT FLORIDA DEPARTMENT OF STATE Jan 30 1998 8:00am Sandra B. Mortham CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 Secretary of State DOCUMENT # (1)LLEWELLYN MINISTRIES INC. Principal Place of Business Mailing Address 1925 HAMMOCK RD 1925 HAMMOCK RD 3. Date Incorporated or Qualified SEBRING FL 33872-447 / 44-4-5 SEBRING FL 33872-1445 11/30/1973 4. FEI Number Applied For 59-1571026 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 22 27 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners aspociation? ☐ Yes 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JACKSON, (ANDREW B.) Street Address (P.O. Box Number is Not Acceptable) 150 N. COMMERCE AVENUE 83 SEBRING FL 33870 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. \_\_ DELETE 1.1 TITLE Change Addition TITLE LLEWELLYN, DAVID, L, JR NAME 1.2 NAME 5600 FRITZIE COURT STREET ADDRESS 1.3 STREET ADDRESS FAIR OAKS CA CITY-ST-ZIP 1,4 CITY-ST-ZIP 17 DELETE Change Addition TITI F 2.1 TITLE LLEWELLYN, SARA E NAME 2.2 NAME 1925 HAMMOCK RD STREET ADDRESS 2.3 STREET ADDRESS SEBRING FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME LLEWELLYN, LEWIS 3.2 NAME 1925 HAMMOCK RD 3.3 STREET ADDRESS STREET ADDRESS SEBRING FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition | 4.1 TITLE TITLE SHADE, KENNETH L 4. 2 NAME NAME 933 KERRY DRIVE 4.3 STREET ADDRESS STREET ADORESS SEBRING FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE HOLDEMAN, HOWARD NAME 5.2 NAME 4719 HIBISCUS COURT STREET ADDRESS **5.3 STREET ADDRESS** SEBRING FL CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change TITLE ELLIS, JOHN 6.2 NAME NAME

14. I 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 or an anachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CiTY-ST-ZiP

4134 SELAH ROAD

SEBRING FL

941-385-555