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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 730887 (7)

1. Corporation Name

MINISTRIES IN ACTION, INC.

Principal Place of Business	Mailing Address
2150 S.W. 6TH ST.. STE 200 MAIMI FL 33135-3320	2150 S.W. 6TH ST.. STE 200 MAIMI FL 33135-3320

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1974
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1569112 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 140325
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Coral Gables, FL
Zip 24 / Country 25	Zip 29 33114-9810 / Country 30

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

9. Name and Address of Current Registered Agent

MORGAN, CHARLES O. JR.
1300 NW 167 STREET
MIAMI FLORIDA FL 33169

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	LUNDBERG, QUINN	1.2 NAME	
STREET ADDRESS	ROUTE 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROCKAWAY PA	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, E WALFORD	2.2 NAME	
STREET ADDRESS	14823 SW 74TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	COVALT, J DAVID	3.2 NAME	
STREET ADDRESS	13700 S BISCAYNE RIVER	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SEIBERT, WILLIAM	4.2 NAME	
STREET ADDRESS	16611 SW 78TH PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	FRASER, LEWIS II	5.2 NAME	
STREET ADDRESS	8785 S.W. 177TH TER.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	☐ Change ☐ Addition
NAME	VASALLO, PETE	6.2 NAME	
STREET ADDRESS	7700 S.W. 120TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI 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: _____ 2-28-95 (305) 642-3113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041708