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 APR 17 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **733018** **(6)**

1. Corporation Name

BOBBY BURNETTE MINISTRIES, INC.

Principal Place of Business	Mailing Address
4100 CORPORATE SQUARE STE - 112 NAPLES FL 33942 US	PO BOX 541972 SUITE 112 MERRITT ISLAND FL 32954 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1975
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1680662 ☐ 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 XX **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21 4100 Corporate Square	26 4100 Corporate Square
Suite, Apt. #, etc. 22 Suite 149	Suite, Apt. #, etc. 27 Suite 149
City & State 23 Naples, Fl	City & State 28 Naples, Fl
Zip / Country 24 33942 / 25 Collier	Zip / Country 29 33942 / 30 Collier

9. Name and Address of Current Registered Agent

BURNETTE, ROBERT B
4100 CORPORATE SQ / STE - 112
STE G
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4100 Corporate Square, Suite 149
83
84 City: Naples **FL** 85 Zip Code: 33942

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	VD	11 TITLE		☒ Change ☐ Addition
NAME	BURNETTE, SHARYN L	12 NAME		
STREET ADDRESS	4100 CORPORATE SQ / STE - 112	13 STREET ADDRESS	4100 Corporate Square, Suite 149	
CITY ST ZIP	NAPLES FL	14 CITY - ST - ZIP	Naples, Fl 33942	
TITLE	PD	21 TITLE		☒ Change ☐ Addition
NAME	BURNETTR, ROBERT B	22 NAME		
STREET ADDRESS	4100 CORPORATE SQ / STE - 112	23 STREET ADDRESS	4100 Corporate Square, Suite 149	
CITY ST ZIP	NAPLES FL	24 CITY - ST - ZIP	Naples, Fl 33942	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	BARNER, MARIAN	32 NAME		
STREET ADDRESS	155 NEEDLE BLVD	33 STREET ADDRESS		
CITY ST ZIP	MERRITT ISLAND FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY - ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: Barney Burnette — April 12, '95 — 813-261-9799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0096500