

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 744091

(0)

1. Corporation Name

AL GANNON MINISTRIES, INC.

Principal Place of Business

9622 SHELTONWOOD RD.
P O BOX 260576
TAMPA FL 33685

Mailing Address

9622 SHELTONWOOD RD.
P O BOX 260576
TAMPA FL 33685



3. Date Incorporated or Qualified
08/29/1978

3a. Date of Last Report
04/13/1995

4. FEI Number
59-1986726

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

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

10. Name and Address of New Registered Agent

FLAWS, LAWRENCE R.
702 CURRAN COURT
BRANDON FL 33511

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 translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GANNON, AL REV.
STREET ADDRESS 9622 SHELTONWOOD RD.
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE STD
NAME MARSHALL, LORENE (ASST)
STREET ADDRESS 8741 WHISPERWOOD CT.
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE VSD
NAME GANNON, RUTH L.
STREET ADDRESS APT. 310 NAUTILUS
CITY-ST-ZIP FT. MYERS FL

☐ DELETE

TITLE D
NAME MAYER, RICHARD B. DR.
STREET ADDRESS 3414 W LINEBAUGH AVENUE
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D
NAME WALLS, RAY REV.
STREET ADDRESS 8401 JACKSON SPRINGS RD.
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D
NAME FLAWS, LAWRENCE
STREET ADDRESS 702 CURRAN CT.
CITY-ST-ZIP BRANDON, FL

☐ DELETE

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

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *Rev. Al Gannon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 813-886-8242
Date Daytime Phone #

CR2E037 (12/95)