FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 74409

(0)

AL GANNON MINISTRIES, INC.

Country

Principal Place of Business

Mailing Address

9622 SHELDONWOOD RD. P O BOX 260576 TAMPA FL 33685

Suite, Apt. #, etc.

City & State

SIGNATUR

21

22

23

24

Zip

2. Principal Place of Business

9622 SHELDONWOOD RD. P O BOX 260576 TAMPA FL 33685-0576

2a. Mailing Address

City & State

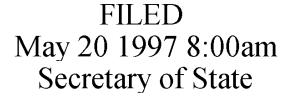
Ζip

Suite, Apt. #, etc.

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29





Yes No

5-1- 97 (813) 884-8242

8. This corporation has liability for Intangible tax under s. 199.032,

 Date Incorporated or Qualified 08/29/1978

59-1986726

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

4. FEI Number

3a. Date of Last Report 05/01/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
		81	Name			
FLAWS, LAWRENCE R. 702 CURRAN COURT			82 Street Address (P.O. Box Number is Not Acceptable)			
			an office y and one first you wanted the real years and one			
BRANDON FL 33511						
		84	City	85 Zip Code		
		"	υ.,,	FL B 2000		
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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.		3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		1 TETLE		Change L. Addition		
NAME		2 NAME				
STREET ADDRESS		1.3 STREET ADOR		ļ		
CHY-ST-ZIP		1.4 CITY-ST-ZI				
THILE		1 TALE		Change Addition		
NAME	, , , , , , , , , , , , , , , , , , ,	2 NAME				
STREET ADDRESS		3 STREE	ADDRESS	·		
CITY - ST - ZIP		4 CITY-	ST-ZIP			
TITLE		3.1 TITLE		☐ Change ☐ Addition		
NAME		2 NAME				
STREET ADDRESS		3 STREET	ADDRESS	[
CITY-ST-ZIP		3.4. CITY - ST				
TITLE		4.1 TITLE		Change Addition		
NAME	The state of the s	2 NAME				
STREET ADDRESS		4.3 STREET A				
CITY+ST-ZIP		4 CITY-S	ST - ZIP			
TITLE		TITLE		Change L Addition		
NAME	***************************************	2 NAME				
STREET ADDRESS	*	3 STAEE1	ADDRESS			
CITY - ST - ZIP		4 CITY-	ST-ZIP			
TITLE		1 TITLE		Change Addition		
NAME :	, 	2 NAME				
STREET ADDRESS		3 STREE	T ADDRESS			
CITY-ST-ZIP		6.4 DITY-ST-				
14. I do 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 on officer or director of the compression or the receiver or truetee amountered to execute this control or carried by Chanter 817 Evide and that my name						

V.ALEGANNON

Country

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