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

FILED
95 MAY -1 AM 8:02

DOCUMENT # 745974 (6)

1. Corporation Name

THE AWAKENING MINISTRIES, INC.

Principal Place of Business	Mailing Address
2808 OLD ST AUGUSTINE RD. TALLAHASSEE FL 32301-5122	2808 OLD ST AUGUSTINE RD TALLAHASSEE FL 32301-5122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1979
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1939907 — Applied For / Not Applicable

2. Principal Place of Business: 21 — Suite, Apt #, etc 22 — City & State 23 — Zip 24 — Country 25
2a. Mailing Address: 26 — Suite, Apt #, etc 27 — City & State 28 — Zip 29 — 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

HOMAC, ROBERT
2810 OLD ST. AUGUSTINE RD.
TALLAHASSEE FL 32301

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 [signature] 4-28-95 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	WEBB, LYNNE MAUREEN	12 NAME	
STREET ADDRESS	2808 OLD ST AUGUSTINE RD	13 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	
TITLE	P	21 TITLE	☒ Change ☐ Addition — President
NAME	KELLOGG, JACK H	22 NAME	LINDA VILAR
STREET ADDRESS	4144 KREISCH WAY	23 STREET ADDRESS	2808 Old St. Augustine Rd.
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP	Talla.,FL. 32301
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	MALONE, MICHAEL L.	32 NAME	
STREET ADDRESS	7871-56TH ST, NORTH	33 STREET ADDRESS	
CITY ST ZIP	PINELLAS PARK FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HOMAC, ROBERT	42 NAME	
STREET ADDRESS	2810 OLD ST AUGUSTINE RD	43 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	44 CITY ST ZIP	
TITLE	PVD	51 TITLE	☒ Change ☐ Addition — PVD
NAME	VILAR, LINDA	52 NAME	TEPHARETE NEWTON
STREET ADDRESS	1135 BERT RD. #D-1	53 STREET ADDRESS	2808 Old St. Augustine Rd.
CITY ST ZIP	JACKSONVILLE FL 32211	54 CITY ST ZIP	~~Talla., FL. 32301~~
TITLE		61 TITLE	☒ Change ☐ Addition — PVD
NAME		62 NAME	JACK KELLOGG
STREET ADDRESS		63 STREET ADDRESS	4144 Kreisch Way
CITY ST ZIP		64 CITY ST ZIP	Talla., FL. 32314

REMITTED BY MAY 1

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: [signature] 4-28-95 904-942-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026962