

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 # 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

3. Date Incorporated or Qualified
02/16/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBB, LYNNE M.
2810 OLD ST. AUGUSTINE RD.
TALLAHASSEE FL 32301

81

Name

LYNNE M. McHARRY

82

Street Address (P.O. Box Number is Not Acceptable)

2810 Old St. Augustine Rd.

83

84

City

Tallahassee

FL

85

Zip Code

32301

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

Lynne M. McHarry

5/14/96

(Signature typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	WEBB, LYNNE MAUREEN	
STREET ADDRESS	2810 OLD ST AUGUSTINE RD	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VILAR, LINDA	
STREET ADDRESS	2808 OLD ST AUGUSTINE RD	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	VPO	<input checked="" type="checkbox"/> DELETE
NAME	MALONE, MICHAEL L.	
STREET ADDRESS	7871 58TH ST, NORTH	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	PVD	<input type="checkbox"/> DELETE
NAME	CARMEN, ROSALIE	
STREET ADDRESS	2808 OLD ST AUGUSTINE RD	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NEWTON, TEPHARETE	
STREET ADDRESS	2808 OLD ST AUGUSTINE RD	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	PVD	<input type="checkbox"/> DELETE
NAME	KELLOGG, JACK	
STREET ADDRESS	4144 KREISH WAY	
CITY - ST - ZIP	TALLAHASSEE FL	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	McHARRY, Lynne Maureen	
1.3 STREET ADDRESS	2810 Old St. Augustine Rd.	
1.4 CITY - ST - ZIP	TALLAHASSEE, FL. 32301	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	N/A	
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP	100001826071	
5.1 TITLE	-05/17/96--01016--088	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	***61.25	
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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:

Lynne M. McHarry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LYNNE M. McHarry

5/14/96 (904)942-6060
DATE DAYTIME PHONE #

CR2E037 (12/95)