

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759091 (2)
1. Corporation Name
EVANGELICAL MINISTRIES OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address
**17710 S.W. 61ST COURT
P.O. BOX 3359, MIAMI, FL 33169
FT LAUDERDALE FL 33331**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/10/1981** 3a. Date of Last Report **04/18/1994**
4. FEI Number **59-2126695** Applied For
Not Applicable

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

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. 199.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRAY, SANFORD
17710 S.W. 61ST COURT
FT. LAUDERDALE FL 33331**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **FRAY, SANFORD**
STREET ADDRESS **17710 SW 61ST CT**
CITY - ST - ZIP **FT. LAUDERDALE FL**
TITLE **TD**
NAME **CHEN, OSWALD**
STREET ADDRESS **8150 N.W. 15TH CT**
CITY - ST - ZIP **PENDROKE PINES FL**
TITLE **SD**
NAME **SAWYERS, LLOYD**
STREET ADDRESS **17820 NW 42ND CT.**
CITY - ST - ZIP **MIAMI FL**
TITLE **TD**
NAME **FRAY, STANLEY**
STREET ADDRESS **16 Rockledge Rd.- White Plains, N.Y**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change 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 110.07(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: **SANFORD FRAY** *[Signature]* **LLOYD SAWYERS** *[Signature]* Date **4/24/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR