FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 760221

(2)

BYWAYS AND HEDGES MINISTRIES-AT-LARGE, INC.

BTWATS AND REDGES MINISTRIES-AT-LANGE, INC.										IKAT ATAN ATAH ATA		SEEN BIBILIER	
Principal Place of Business					Mailing Address								
2600 EAST 8TH AVENUE HIALEAH FL 33013					2600 EAST 8TH AVENUE HIALEAH FL 33013								
										3. Date Incorporated or Qualified 09/23/1981	3a. Date of 02/0		
	Principal Place of Business			2a	2a. Mailing Address					4. FEI Number		<del></del> -	Applied For
21	D.: 4- A-4			26						59-2142291			Not Applicable
22	Suite, Apt. #, etc.			27						5. Certificate of Status Desired	, ,		Additional Required
23	City & State	······································		28	City & State					Election Campaign Financing     Trust Fund Contribution			D May Be d to Fees
	Zip	Country			Zip Cou			1		8. This corporation has liability for in		ers.	199.032,
24		25 29 9. Name and Address of Current Regi			stered Agent					Florida Statutes  10. Name and Address of New Re	Yes No		<del></del>
		0. 1101110	und Address of Carl	on neg.	Moreu Agent		81	1	Name	TO. Name Bild Address of New Re	gistereti Agen	<u>.                                    </u>	
	BI ANTO	N, JACQUI	FIINE							0.00			
8425 MENTEITH TERRACE							82 83	Ľ	Street Addre	ess (P.O. Box Number is Not Acceptable	») 		v=
MIAMI LAKES FL 33016													
							84		City		FL 85		Code
1	or register	eo agent, or r	ootn, in the State of Fig	orida. Suc	kh chande was a	authorized by the	oove-r	ora	med corpora ation's board	ation submits this statement for the purp d of directors. I hereby accept the appoi	ose of changing ntment as regist	its re ered	gistered office agent. I am
ŞI	ONATURE	•	t the obligations of, Se			statutes.							
		Signature, typed o	r printed name of registered ag					nt s	gnature required	when reinstating)	DATE		
12		<u>-</u>	OFFICERS A	ND DIHE		1;			1	ADDITIONS/CHANGES TO OFFIC			
Titl NA		PD BLANTO	N IACOUEUNE T		DELETE		TITLE				Cha	nge	Addition
	REFT ADDRESS		IN, JACQUELINE T ENTEITH TERRACE				NAME						
	IY-ST-ZIP	HIALEA					1.3 STREET ADDRESS						
111		VD			DELETE		1.4 C(TY-ST-Z)P 2.1 TITLE				Cha	nne	Addition
NA NA	1		IL, JOE ED (MRS.)	<del>-</del>			NAME	ŀ				, go	
\$1			E. 11TH STREET	,		•	STREET ADDRESS		INGESS				
01	I		NO BEACH FL					CITY-ST-ZIP					
TIT	LE	STD				TITLE			***************************************	Cha	nge	Addition	
N4	ME		N, THOMAS K			3.2	NAME						
Sī	PEET ADDRESS		V 72ND AVE.			3.3	STREET	AD	DAESS				
	IY-ST-ZIP	PLANTA	TION FL				CITY-S	ST-	ZIP				
TIT					DELE		TITLE				Cha	nge	☐ Addition
NA 	i						2 NAME						
	REET ADDRESS						STREET		1				
111	Y-ST-ZIP				□DELE		CITY-S	7 - 2	ZIP		[ ] Cha	nga.	☐ Addition
NA.	į.						NAME				[_] Cria	nge	
	REET ADDRESS						STREET	Δħ	IDBESS				
	Y-ST-ZIP						CITY-S						
TIT				•	□DELE		TITLE	., 4			Cha	nge	☐ Addition
NA	ME					6.2	NAME				<del></del>	-	
ST	REFT ADDRESS					6.3	STREET	AD	DRESS				
	Y-ST-ZIP					6.4	DITY-S	T - Z	ZIP				
14	oath; that	i the informati I am an office	on indicated on this ar	nual repo poration c	ort or supplemen or the receiver or	ital annual repor r trustee empov	t is tri	IA !	and accurat	or the exemption stated in Section 119.0 te and that my signature shall have the sereport as required by Chapter 617, Flor	ame lend affect	no if	made under

SIGNATURE: GOGLELINE J. BLANTON JACOUELINE T. BLANTON J28/96 (305) 696-0120

CR2E037 (12/95)