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

APPROVED AND FILED

95 APR -4 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **764224** **(2)**

1. Corporation Name

ROVING VOLUNTEERS IN CHRIST'S SERVICE, INC. (RVI CS)

Principal Place of Business	Mailing Address
1499 EDGEWOOD RANCH RD ORLANDO FL 32835-5161	1499 EDGEWOOD RANCH RD ORLANDO FL 32835-5161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1982
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2255768 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PARCHER, GEORGE A.
41 NO. 20TH ST. #20
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

81 Name: ELVA PARCHER
82 Street Address (P.O. Box Number is Not Acceptable): 41 NO. 20TH ST. #20
83
84 City: HAINES CITY **FL** 85 Zip Code: 33844

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: Elva Parcher ELVA PARCHER March 15, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DC ☒ Change ☐ Addition
NAME	GREGG, THOMAS	1.2 NAME	MIDKIFF, ROBERT
STREET ADDRESS	10315 44TH AVE. W.	1.3 STREET ADDRESS	26803 SPRAGUE RD
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	COLUMBIA STATION OH 44028
TITLE	ST	2.1 TITLE	ST ☒ Change ☐ Addition
NAME	VIERLING, ELIZABETH	2.2 NAME	WILLIAMS, VERNA
STREET ADDRESS	709 E. 152D ST.	2.3 STREET ADDRESS	PO BOX 36 N/A
CITY-ST-ZIP	BURNSVILLE MN	2.4 CITY-ST-ZIP	MILLS PA 16937
TITLE	PD	3.1 TITLE	PD ☒ Change ☐ Addition
NAME	PARCHER, GEORGE A.	3.2 NAME	TOY, ELDON
STREET ADDRESS	41 N. 20TH ST. #20	3.3 STREET ADDRESS	1700 SE 4TH ST, #9
CITY-ST-ZIP	HAINES CITY FL	3.4 CITY-ST-ZIP	SMITHVILLE TX 78957
TITLE	VPD	4.1 TITLE	VD ☒ Change ☐ Addition
NAME	TOY, ELDON	4.2 NAME	LAVRACK, ELLIS
STREET ADDRESS	1700 SE 4TH ST. LOT 9	4.3 STREET ADDRESS	6850 CARTER RD
CITY-ST-ZIP	SMITHVILLE TX	4.4 CITY-ST-ZIP	SPRING ARBOR MI 49283
TITLE	DC	5.1 TITLE	D ☒ Change ☐ Addition
NAME	HAMLIN, HARRY	5.2 NAME	HUNTER, T.C.
STREET ADDRESS	280 COTTON LAKE DR.	5.3 STREET ADDRESS	1700 SE 4TH ST, #8
CITY-ST-ZIP	BATTLE CREEK MI	5.4 CITY-ST-ZIP	SMITHVILLE TX 78957
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 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: ELDON TOY March 15, 1995 407-293-4170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #