

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 MAR -2 PM 2: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766972 (4)
1. Corporation Name
'A BETTER WAY' IN CHRIST MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/14/1983	3a. Date of Last Report 01/24/1994
4. FEI Number 59-2277741	Applied For Not Applicable
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	

Principal Place of Business		Mailing Address	
304 W 12 STR FT PIERCE FL 34948 US		PO BOX 3366 FT PIERCE FL 34948 US	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip	Country	Country
24	25	29	30

9. Name and Address of Current Registered Agent

PIERSALL, DICK
213 OSCEOLA AVE
FT. PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 607.0509, Florida Statutes.

SIGNATURE _____
(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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PIERSALL, RICHARD S	1.2 NAME	
STREET ADDRESS	213 OSCEOLA AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DANNAHOWER, LUCIA	2.2 NAME	
STREET ADDRESS	809 S. INDIAN RIVER DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HAYNES, LOUIS	3.2 NAME	
STREET ADDRESS	2222 COLONIAL	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	REV TED RICE	4.2 NAME	
STREET ADDRESS	2501 VIR AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT.PIERCE FL	4.4 CITY - ST - ZIP	
TITLE	STD	5.1 TITLE	☐ Change ☐ Addition
NAME	PIERSALL, LIBBY	5.2 NAME	
STREET ADDRESS	213 OSCEOLA AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	INGERSOLL, DALE REV	6.2 NAME	
STREET ADDRESS	3361 S. JENKINS RD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	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: *Richard S. Piersall* RICHARD S. PIERSALL 2-22-95 465-0095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR