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Mar 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 766972 (4)

1. Corporation Name

'A BETTER WAY' IN CHRIST MINISTRIES, INC.

Principal Place of Business

Mailing Address

304 W 12 STR
FT PIERCE FL 34948
US

PO BOX 3366
FT PIERCE FL 34948-3366
US



3. Date Incorporated or Qualified
02/14/1983

3a. Date of Last Report
02/26/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIERSALL, DICK
213 OSCEOLA AVE
FT. PIERCE FL 34982

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 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

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
NAME PIERSALL, RICHARD S
STREET ADDRESS 213 OSCEOLA AVE
CITY-ST-ZIP FT. PIERCE FL

DELETE

TITLE D
NAME DANNAHOWER, LUCIA
STREET ADDRESS 809 S. INDIAN RIVER DR
CITY-ST-ZIP FT PIERCE FL

DELETE

TITLE D
NAME HAYNES, LOUIS
STREET ADDRESS 2222 COLONIAL
CITY-ST-ZIP FT PIERCE FL

DELETE

TITLE VD
NAME REV TED RICE
STREET ADDRESS 2501 VIR AVE
CITY-ST-ZIP FT. PIERCE FL

DELETE

TITLE STD
NAME PIERSALL, LIBBY
STREET ADDRESS 213 OSCEOLA AVE
CITY-ST-ZIP FT PIERCE FL

DELETE

TITLE D
NAME INGERSOLL, DALE REV
STREET ADDRESS 3361 S. JENKINS RD.
CITY-ST-ZIP FT. PIERCE FL

DELETE

1.1 TITLE D
1.2 NAME Jim Minix
1.3 STREET ADDRESS 5500 St Lucie Blvd
1.4 CITY-ST-ZIP Ft PIERCE, FL 34951

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)