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 MAY -1 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767700 (8)

1. Corporation Name

SINGLE PURPOSE MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9700 KOGER BLVD SUITE 111 KOGERAMA BLDG ST PETERSBURG FL 33742-8621 US	P O BOX 21621 GATEWAY STATION ST PETERSBURG FL 33742 US

3. Date Incorporated or Qualified: 03/28/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2399148 ☐ 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 XX $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCOTT, SUZANNE M
3701 NORTHGREEN AVE #901
SUITE 102
TAMPA FL 33624

10. Name and Address of New Registered Agent

31 Name: Greiwe, Robin
32 Street Address (P.O. Box Number is Not Acceptable): 3205 Palmira Street
33
34 City: Tampa FL 35 Zip Code: 33629

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: Robin Greiwe 4/13/95
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	C	11 TITLE	C	☒ Change ☐ Addition
NAME	SCOTT, SUZANNE M	12 NAME	Greiwe, Robin	
STREET ADDRESS	3701 NORTHGREEN AVE #901	13 STREET ADDRESS	3205 Palmira Street	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, FL 33629	
TITLE	VC	21 TITLE	VC	☒ Change ☐ Addition
NAME	KEPTO, MICHAEL S	22 NAME	Rayhill, Laurie	
STREET ADDRESS	3311 HUNT CLUB DR	23 STREET ADDRESS	6799 - 16th Terr N, #217	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	TS	31 TITLE	TS	☒ Change ☐ Addition
NAME	RAYHILL, LAURIE A	32 NAME	Scott, Suzanne	
STREET ADDRESS	8329 DIAGONAL RD	33 STREET ADDRESS	3701 Northgreen Ave. #901	
CITY-ST-ZIP	ST PETERSBURG FL	34 CITY-ST-ZIP	Tampa, FL 33624	
TITLE	S	41 TITLE	S	☒ Change ☐ Addition
NAME	GOLDMAN, NED	42 NAME	Sarmiento, Margarita	
STREET ADDRESS	2031 SANDRA DR	43 STREET ADDRESS	6923 Lake Place Court	
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	Tampa, FL 33634	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	PHILIPS, ED	52 NAME	Wilson, Byron Gibbs	
STREET ADDRESS	10906 CARROLLWOOD DR	53 STREET ADDRESS	215 S. Hale Ave.	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	Tampa, FL 33609	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	RANSOM, RICH	62 NAME	Fields, Louise	
STREET ADDRESS	219 10TH AVE NO	63 STREET ADDRESS	902 Dakota Avenue	
CITY-ST-ZIP	ST PETERSBURG FL	64 CITY-ST-ZIP	Tampa, FL 33606	

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: X Robin Greiwe 4/27/95 (813) 2730052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0006440