

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **767700** (8)

1. Corporation Name

SINGLE PURPOSE MINISTRIES, INC.



Principal Place of Business

**9700 KOGER BLVD
SUITE 111 KOGERAMA BLDG
ST PETERSBURG FL 33742-8621
US**

Mailing Address

**P O BOX 21621
GATEWAY STATION
ST PETERSBURG FL 33742
US**

3. Date Incorporated or Qualified
03/28/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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**

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

**GREWE, ROBIN
3205 PALMIRA STREET
SUITE 102
TAMPA FL 33629**

81 Name

Williams, Herb

82

Street Address (P.O. Box Number is Not Acceptable)

4406 Leona Street

83

n/a

84

City

Tampa

FL

85

Zip Code
33629

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 617.0508, Florida Statutes.

SIGNATURE

Herb Williams
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **C GREWE, ROBIN**
STREET ADDRESS **3205 PALMIRA STREET**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D Williams, Herb**
1.3 STREET ADDRESS **4406 Palмира Street**
1.4 CITY-ST-ZIP **Tampa FL 33629**

TITLE ☒ DELETE
NAME **VC RAYHILL, LAURIE**
STREET ADDRESS **6799-16TH TERR N. 217**
CITY-ST-ZIP **ST. PETERSBURG FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D Wilson, Byron G.**
2.3 STREET ADDRESS **1704 S. Mac Dill Avenue**
2.4 CITY-ST-ZIP **Tampa FL 33629**

TITLE ☒ DELETE
NAME **TS SCOTT, SUZANNE**
STREET ADDRESS **3701 NORTHGREEN AVE. 901**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D Sparkman, Robert**
3.3 STREET ADDRESS **10241 Valle Drive**
3.4 CITY-ST-ZIP **Tampa FL 33612**

TITLE ☐ DELETE
NAME **S SARMIENTO, MARGARITA**
STREET ADDRESS **6923 LAKE PLACE COURT**
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☒ DELETE
NAME **D WILSON, BYRON GIBBS**
STREET ADDRESS **215 S. HALE AVE**
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☐ DELETE
NAME **D FIELDS, LOUISE**
STREET ADDRESS **902 DAKOTA AVE**
CITY-ST-ZIP **TAMPA FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Herb Williams* **Herb Williams**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96

Date

813-654-6380

Daytime Phone #

CR2E037 (12/95)