

1-31-97

B-1172 C

FILE NOW: FILING FEE IS \$61.25

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Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767930 (1)

1. Corporation Name

ROY HARTHERN MINISTRIES, INC.

Principal Place of Business

1626 MAJESTIC OAK DRIVE
APOPKA FL 32712

Mailing Address

1626 MAJESTIC OAK DRIVE
APOPKA FL 32712-25513. Date Incorporated or Qualified
04/13/19833a. Date of Last Report
04/10/19964. FEI Number
59-2972278Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fees Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

HARTHERN, ROY
1626 MAJESTIC OAK DRIVE
APOPKA FL 32712

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE
NAME HARTHERN, ROY
STREET ADDRESS 1626 MAJESTIC OAK DRIVE
CITY-ST-ZIP APOPKA FLTITLE SD ☐ DELETE
NAME HARTHERN, PAULINE
STREET ADDRESS 1626 MAJESTIC OAK DRIVE
CITY-ST-ZIP APOPKA FLTITLE D ☐ DELETE
NAME GREIFFENDORF, C.W.
STREET ADDRESS 411 HACIENDA VILLAGE
CITY-ST-ZIP WINTER SPRINGS FLTITLE D ☐ DELETE
NAME MANERS, DOUG
STREET ADDRESS 1054 ACEDMY DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS FLTITLE D ☐ DELETE
NAME KAHN, WILLIAM DR.
STREET ADDRESS 3878 N LAKE ORLANDO PKWY
CITY-ST-ZIP ORLANDO FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013033

CR2E037 (9/96)