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 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **768496** **(2)**

1. Corporation Name
OUT OF THE DEPTHS MINISTRIES, INC.

Principal Place of Business	Mailing Address
3884 PROGRESS AVENUE NAPLES FL 33942	3884 PROGRESS AVENUE NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/17/1983**
3a. Date of Last Report: **04/04/1994**
4. FEI Number: **59-2308140** ☐ 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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

ARMBRUST, RICHARD L.
4115 CINDY AVE.
NAPLES FL 33962

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 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 _____ 5-2-95
Signature, type or print 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	D	11 TITLE	☐ Change ☐ Addition
NAME	ARMBURST, MARY	12 NAME	
STREET ADDRESS	10 BUTTERFIELD TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	SUTYAK, MARY	22 NAME	
STREET ADDRESS	300 S. COLLIER BLVD., #302	23 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLANDS FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	SCHULZ, NORMA	32 NAME	
STREET ADDRESS	300 S. COLLIER BLVD., #2202	33 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	34 CITY-ST-ZIP	
TITLE	DVP	41 TITLE	☐ Change ☐ Addition
NAME	EASTERLY, DAVID	42 NAME	
STREET ADDRESS	130 8TH AVE., N.E.	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SCHNITZLEIN, REX	52 NAME	
STREET ADDRESS	2296 53RD ST SW	53 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP	
TITLE	PD	61 TITLE	☐ Change ☐ Addition
NAME	ARMBURST, RICHARD L	62 NAME	
STREET ADDRESS	4115 CINDY AVE	63 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	64 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)(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: _____ Richard L. Armbrust 5-2-95 (813)643-5221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — President — Date — Daytime Phone #

0080998