


FILE NOW: FILING FEE IS \$61.25

FILED  
May 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768496** (2)

1. Corporation Name

**OUT OF THE DEPTHS MINISTRIES, INC.**



Principal Place of Business	Mailing Address
<b>3884 PROGRESS AVENUE NAPLES FL 33942</b>	<b>3884 PROGRESS AVENUE NAPLES FL 33942</b>

3. Date Incorporated or Qualified

**05/17/1983**

4. FEI Number

**59-2308140**

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 <b>568 Commercial Blvd</b> Suite, Apt. #, etc. 22 City & State 23 <b>Naples FL</b> Zip 24 <b>34104</b> Country 25 <b>USA</b>	26 <b>568 Commercial Blvd</b> Suite, Apt. #, etc. 27 City & State 28 <b>Naples FL</b> Zip 29 <b>34104</b> Country 30 <b>USA</b>

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARMBRUST, RICHARD L.  
4115 CINDY AVE.  
NAPLES FL 33962  
34112**

81 Name

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

83

84 City

**FL**

85 Zip Code **34112**

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 617.0803, Florida Statutes.

SIGNATURE **Richard L Armbrust**

**5-21-98**

Signature, typed or printed name of registered agent and filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ARMBURST, MARY</b>	
STREET ADDRESS	<b>10 BUTTERFIELD TRAIL</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SUTYAK, MARY</b>	
STREET ADDRESS	<b>300 S. COLLIER BLVD., #302</b>	
CITY-ST-ZIP	<b>MARCO ISLANDS FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHULZ, NORMA</b>	
STREET ADDRESS	<b>300 S. COLLIER BLVD., #2202</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>EASTERLY, DAVID</b>	
STREET ADDRESS	<b>130 8TH AVE., N.E.</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHNITZLEIN, REX</b>	
STREET ADDRESS	<b>2296 53RD ST SW</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ARMBURST, RICHARD L</b>	
STREET ADDRESS	<b>4115 CINDY AVE</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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

**5-21-98**

**941-643-5221**

CR2E037 (10/97)