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 MAR -6 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 851212 (1)

1. Corporation Name

HAROLD MARTIN EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4625 NORTH BAY ROAD MIAMI BEACH FL 33140	4625 NORTH BAY ROAD MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1981
3a. Date of Last Report: 02/02/1994
4. FEI Number: 16-1073853 ☐ 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 ☒ **$60.75** 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

MARTIN, HAROLD GEO.
4625 NORTH BAY ROAD
MIAMI BEACH FL 33140

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D. ☒ Change ☐ Addition
NAME	MARTIN, HAROLD GEO.	1.2 NAME	Hemmingway, Doris
STREET ADDRESS	4625 NORTH BAY ROAD	1.3 STREET ADDRESS	1949 S.E. 36th Terr.
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Cape Coral, Fla. 33904
TITLE	VD	2.1 TITLE	D. ☐ Change ☒ Addition
NAME	MARTIN, E DORSEY	2.2 NAME	Tuttle, Bruce
STREET ADDRESS	4625 N BAY ROAD	2.3 STREET ADDRESS	Salt Springs Road
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	Chittenango, N.Y. 13037
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, DORSEY	3.2 NAME	
STREET ADDRESS	4625 N BAY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, H WYCLIFFE	4.2 NAME	
STREET ADDRESS	140 POMEROY AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL LAKE IL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HEMMINGWAY, DORIS	5.2 NAME	
STREET ADDRESS	645 N SHORE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORMANDY ISLES FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	VOS, PETER	6.2 NAME	
STREET ADDRESS	7 KING ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	CASESTAGO, ON	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)(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: Harold Geo Martin - President Feb. 28, 1995 (305) 534-3317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Harold Geo. MARTIN