

# 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 # 851212 (1)**  
1. Corporation Name  
**HAROLD MARTIN EVANGELISTIC ASSOCIATION, INC.**



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

Mailing Address  
**4625 NORTH BAY ROAD  
MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified  
**12/07/1981**

3a. Date of Last Report  
**03/06/1995**

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b> <b>25</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b> <b>30</b>	4. FEI Number <b>16-1073853</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

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

**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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>DELETE</b>	1.1 TITLE <b>PO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HEMMINGWAY, DORIS</b>		1.2 NAME <b>MARTIN, HAROLD GEO.</b>	
STREET ADDRESS <b>1949 SE 36TH TERRACE</b>		1.3 STREET ADDRESS <b>4625 NORTH BAY ROAD</b>	
CITY-ST-ZIP <b>CAPE CORAL FL</b>		1.4 CITY-ST-ZIP <b>MIAMI BEACH, FL</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARTIN, E DORSEY</b>		2.2 NAME	
STREET ADDRESS <b>4625 N BAY ROAD</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI BEACH FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MARTIN, DORSEY</b>		3.2 NAME <b>TUTTLE, BRYCE</b>	
STREET ADDRESS <b>4625 N BAY ROAD</b>		3.3 STREET ADDRESS <b>SALT SPRINGS ROAD</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL</b>		3.4 CITY-ST-ZIP <b>CHITTENANGO NY</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARTIN, H WYCLIFFE</b>		4.2 NAME	
STREET ADDRESS <b>140 POMEROY AVE.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>CRYSTAL LAKE IL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HEMMINGWAY, DORIS</b>		5.2 NAME	
STREET ADDRESS <b>645 N SHORE DR</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORMANDY ISLES FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VOS, PETER</b>		6.2 NAME	
STREET ADDRESS <b>7 KING ST</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>CASESTAGO, ON</b>		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:

*Harold Geo. Martin* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Harold Geo. MARTIN**

**Feb. 6, 1996** (305) 534-3317  
Date Daytime Phone #

CR2E037 (12/95)