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FILED
May 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

4625 NORTH BAY ROAD
MIAMI BEACH FL 33140

4625 NORTH BAY ROAD
MIAMI BEACH FL 33140-2811



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HEMMINGWAY, DORIS	
STREET ADDRESS	1949 SE 36TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD Secretary Treasurer	<input type="checkbox"/> DELETE
NAME	MARTIN, E DORSEY	
STREET ADDRESS	4625 N BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PO President	<input type="checkbox"/> DELETE
NAME	MARTIN, HAROLD G.	
STREET ADDRESS	4625 N BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD Vice President	<input type="checkbox"/> DELETE
NAME	MARTIN, H WYCLIFFE	
STREET ADDRESS	140 POMEROY AVE.	
CITY-ST-ZIP	CRYSTAL LAKE IL	
TITLE	D Director	<input type="checkbox"/> DELETE
NAME	TUTTLE, BRYCE	
STREET ADDRESS	SALT SPINGS ROAD	
CITY-ST-ZIP	CHITTENANGO NY	
TITLE	D Director	<input type="checkbox"/> DELETE
NAME	VOS, PETER	
STREET ADDRESS	7 KING ST	
CITY-ST-ZIP	CASESTAGO, ON	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MARTIN, KRISTIN M. KERSCHENSTEINER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	140 POMEROY AVE.	
1.3 STREET ADDRESS	CRYSTAL LAKE, ILL. 60014	
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 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.

CR2E037 (9/96)