FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

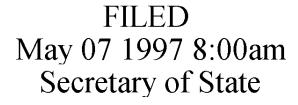
Principal Place of Business

851212

(1)

HAROLD MARTIN EVANGELISTIC ASSOCIATION, INC.

Mailing Address





4625 NORTH BAY ROAD MIAMI BEACH FL 33140					4625 NORTH BAY ROAD MIAMI BEACH FL 33140-2811									
										3. Date	e Incorporated or Qualified 12/07/1981		ate of Last I 02/14/19	
2. Principal Place of Business					2a. Mailing Address					4. FEI Number			A	pplied For
21					26					16-1073853			N	ot Applicable
Sutte, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired				Additional lequired
City & 23	City & State				City & State								7	May Be to Fees
Zip	Country				Zip			Country		8. This corporation has liability for intangible tax under s. 199.032,				
24		25		29		<u>.</u>	30					Yes [
	9, Name	and A	ddress of Currer	nt Regi	istered A	gent			1	10. Nar	ne and Address of New Re	gistered	Agent	
İ								81	Name					
MAR	MARTIN, HAROLD GEO.								Street	Address (P.O. E	Box Number is Not Acceptat	ble)		
4625 NORTH BAY ROAD					L									
MIAN	MI BEACH FL (3140						83						
	4							84	City				85 Zip	Code
									<u> </u>			<u>FL</u>	. `	
11. Perso office agen	uant to the provis or registered ag it. I am familiar w	ions of jent, or ith, and	Sections 617,050 both, in the State accept the oblig	02 and e of Flor ations (617,150a rida, Suc of, Sectio	8, Florida Statu h change was on 617.0503, F	tes, the author lorida (e abov rized by Statute:	e-named y the corp s.	l corporation sub poration's board	omits this statement for the difference of directors. I hereby acce	purpose of pt the app	f changing pointment a	its registered s registered
SIGNATU	JRE Signature, typed	or printed	I name of registered ag	ent and til	lle if applica	hie (NO	TE Regis	stered Age	ent signature	e required when reinst	aling)	DATE		
12.			OFFICERS AN	id dire	CTORS		1	3.		_ tough DD	TIONS/CHANGES TO OFFI	CERS AND	DIRECTO	RS IN 12
TITLE	, D					DELETE	1	.1 TITLE		MARTIN	, KRISTIN M.	KEDS	T things	THE SHEET
NAME			', Doris				1	.2 NAME			MEROY AVE.	I/DI/O	CHEND	TETMEK
STREET ADDRESS 1949 SE 36TH TERRACE					1.3 S			.3 STREET	ADDRESS	CRYSTAL LAKE, ILL.60014				
CITY-ST-ZIF							1	4 CITY-9	ST-ZIP	CKIBIA	THE THE	8001	4	
TITLE	VD 5	861	stary Tro	ascu	**	☐ DELETE	2	1.1 TITLE					Change	Addition
NAME	MARTIN	•	_				2	.2 NAME						
CTREET ADD							2	3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI E						_	. 4 CITY-	ST-ZIP					
TITLE		_	SIDENT			DELETE		I.1 TITLE					Change	☐ Addition
NAME	MARTIN							2 NAME						
STREET ADD									ADDRESS					
CITY-ST-ZIF				40		Doceste	_	.4. CITY-	ST-ZIP				D	Laure.
TITLE			PRESIDEN	1.		☐ DELETE		.1 TITLE					L Change	☐ Addition
NAME	MARTIN					/		. 2 NAME						
STREET ADD	''' -					1			ADDRESS					
CITY-ST-ZIF						DELETE		.4 CITY - S	ST-ZIP				Change	Addition
TITLE			rok E			T DECEME		A TITLE					change	Modified
NAME STREET ARRE	TUTTLE RESS SALT S							.2 NAME	1000000					
STREET ADD									ADDRESS					
CITY-ST-ZIF						DELETE	_	.4 CITY-S	51 - ZIP				Change	Addition
NAME	D 12 VOS, PI		1 0/4					2 NAME		Reid	by CK, #2250 O \$70.00		LI CHANGE	L.J AUGILION
STREET ADD									ADDRESS	AME	9. ~ \$ 70.00			
			ON								. 106			
CITY-ST-ZIP	' UNGES	AUU.	UIY				■ 6	.4 CITY - 5	51 - ZIP	I				

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.