

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED  
AND  
FILED

05 APR 27 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N92000000048 (0)  
1. Corporation Name  
**MARK WANKER MINISTRIES, INC.**

Principal Place of Business Mailing Address  
321 SAGEWOOD DR PORT ORANGE FL 32127 321 SAGEWOOD DR PORT ORANGE FL 32127

2. Principal Place of Business 2a. Mailing Address  
21 1844 Smallwood 26 P.O. Box 59171  
22 Suits, Apt. #, etc. 27 JACKSON  
23 JACKSON MS 28 MS  
24 Zip 39212 25 Country JACKSON 29 Zip 39284 30 Country JACKSON

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/26/1992 3a. Date of Last Report 01/25/1994

4. FEI Number NOT APPLICABLE 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 \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANKER, TRIS M	1.2 NAME	
STREET ADDRESS	321 SAGEWOOD DR	1.3 STREET ADDRESS	800001469928
CITY - ST - ZIP	PORT ORANGE FL 32127	1.4 CITY - ST - ZIP	05/01/95 01994 013
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZILINSKI, JUANITA	2.2 NAME	*****61.25 *****61.25
STREET ADDRESS	321 SAGEWOOD DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ORANGE FL 32127	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINSON, ALINE	3.2 NAME	
STREET ADDRESS	405 INDIAN RIVER AVE #502	3.3 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL 32796	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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: *Juanita Zilinski Sec/Treas* 4/25/95 8913301 (704)

DATE: \_\_\_\_\_