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 MAY 11 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001681 (6)

1. Corporation Name

MINISTRY DEVELOPMENT FOR SENIOR ADULTS, INC.

Principal Place of Business	Mailing Address
1750 CENTURY CIRCLE SUITE 23 ATLANTA GA 30345	1750 CENTURY CIRCLE SUITE 23 ATLANTA GA 30345

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1993
3a. Date of Last Report: 03/22/1994
4. FEI Number: 58-1727644 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
1500 EDWARD BALL BLDG.
100 CHOPEN PLAZA
MIAMI FL 33131

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PC	1.1 TITLE ☐ Change ☐ Addition
NAME	BROOKS, CECIL	1.2 NAME
STREET ADDRESS	3873 ROSWELL RD., #18	1.3 STREET ADDRESS
CITY ST ZIP	ATLANTA GA 30342	1.4 CITY ST ZIP
TITLE	VPVC	2.1 TITLE ☐ Change ☐ Addition
NAME	OTTINGER, JOHN	2.2 NAME
STREET ADDRESS	451 BATTERSEA ROAD	2.3 STREET ADDRESS
CITY ST ZIP	LAWRENCEVILLE GA 30244	2.4 CITY ST ZIP
TITLE	SD	3.1 TITLE ☐ Change ☐ Addition
NAME	EBERST, BOB	3.2 NAME
STREET ADDRESS	9715 SW 142ND DRIVE	3.3 STREET ADDRESS
CITY ST ZIP	MIAMI FL 33176	3.4 CITY ST ZIP
TITLE	D	4.1 TITLE ☐ Change ☐ Addition
NAME	MCGOWN, TAYLOR	4.2 NAME
STREET ADDRESS	1437 TUSCANY WAY	4.3 STREET ADDRESS
CITY ST ZIP	GERMANTOWN TN 38138	4.4 CITY ST ZIP
TITLE	T	5.1 TITLE ☐ Change ☐ Addition
NAME	UNDERWOOD, JOHN	5.2 NAME
STREET ADDRESS	2380 LEAF LAND DRIVE	5.3 STREET ADDRESS
CITY ST ZIP	DULUTH GA 30136	5.4 CITY ST ZIP
TITLE	D	6.1 TITLE ☐ Change ☐ Addition
NAME	WHITED, RODNEY	6.2 NAME
STREET ADDRESS	198 KNIGHT BOX ROAD	6.3 STREET ADDRESS
CITY ST ZIP	MIDDLEBURG FL	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: John K. Underwood Jr. JOHN K UNDERWOOD, JR — 5/5/95 — 404 636 3721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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