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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	F93000002843	(1)
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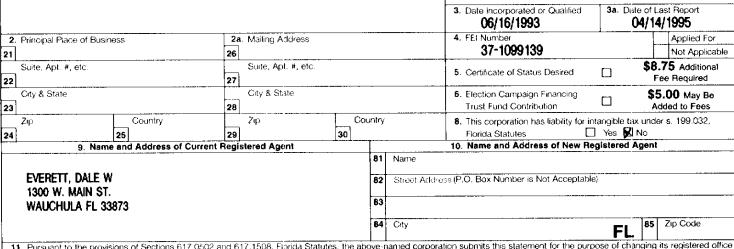
DALE EVERETT MINISTRIES, INC.

Principal Place of Business

Mailing Address

1300 WEST MAIN ST. WAUCHULA FL 33873

1300 WEST MAIN ST. WAUCHULA FL 33873



11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fibrida 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 Fibrida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503. Fibrida Statutes.

familiar wit	h, and accept the obligations of, Section 617.0503.	Fiorida Statutes.				
SIGNATURE _	Signature, typed or printed nume of rejistered agent and the if associable	(NOTE: R	kigistered Agent signature r	Ecured when reinstating	DATE	
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			RS IN 12
TITLE	DCP	DELETE	1 1 TITLE		Change	Addition Addition
NAME	EVERETT, DALE W		1 2 NAME			
STREET ADDRESS	1300 W. MAIN ST.		13 STREET ADDRESS			
City - St - 7iP	WAUCHULA FL 33873		14 CITY - ST - ZIP			
TITLE	DVC	DELETE	2 1 TITLE		☐ Change	☐ Addition
NAME	EVERETT, DEBORAH P		2 2 NAME			
STREET ADDRESS	1300 W. MAIN ST.		2 3 STREET ADDRESS			
CHTY-ST-ZIP	WAUCHULA FL 33873		2 4 CITY - ST - ZIP			
TITLE	DST	DELETE	3 1 TITLE	DS.T	K Change	Addition Addition
NAME	DIEHL, PAUL E	1 -	3.2 NAME	DIEHL, PAUL E 2801 W Main ST Belleville, IL (222)		
STREET ADDRESS	#8 CONWAY VILLAGE CT. Change	·0 -7	3.3 STREET ADDRESS	2801 W Main ST	_	
CITY-ST-ZIP	#8 CONWAY VILLAGE CT. Change CREVE COEUR MO 63141 addit	£>>	34 CITY-ST-ZIP	Belleville, 12 G222	3 <u> </u>	
T-TLF	D	DEFELE	4 1 TITLE	,	☐ Change	Addition
NAME	Everett, Jasper t		4 2 NAME			
STREET ADDRESS	1057 SWEET HOME RD.		4.3 STREET ADDRESS			
CITY - ST - ZIP	NIAGARA FALLS NY 14305		4.4 CITY - ST - ZIP			
THILE		[]DELETE	5 1 TITLE		Change	☐ Addition
NAME			5 2 NAME			
STREET ADDRESS			5 3 STREET ADORESS			
CITY-ST ZIP			5.4 CITY - ST - ZIP			
TITLE		[]DELETE	6 1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
C.TV CT 710			64 CITY - ST - 7IP			

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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR W. EVERETT Date 1/17/94 Depth Pt Charles 1

CR2E037 (12/95)