

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003045 (0)

1. Corporation Name

DUANE SWILLEY MINISTRIES, INC.



Principal Place of Business
16601 NW 8TH AVENUE
MIAMI FL 33169

Mailing Address
16601 NW 8TH AVENUE
MIAMI FL 33169

3. Date Incorporated or Qualified

06/23/1995

4. FEI Number

58-1991136

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWILLEY, DUANE
16601 NW 8TH AVENUE
MIAMI FL 33169

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 reappointing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SWILLEY, WALLACE D
STREET ADDRESS 7721 MIAMI VIEW DR.
CITY-ST-ZIP NORTHBAY VILLAGE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

SWILLEY, WALLACE D
16601 NW 8TH AVE
MIAMI, FL. 33169

☒ Change ☐ Addition

TITLE VD
NAME SWILLEY, JON MARK
STREET ADDRESS 7721 MIAMI VIEW DR.
CITY-ST-ZIP NORTHBAY VILLAGE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

SWILLEY, JON MARK
16601 NW 8TH AVE
MIAMI, FL. 33169

☒ Change ☐ Addition

TITLE STD
NAME SWILLEY, DEBORAH LYNN
STREET ADDRESS 7721 MIAMI VIEW DR.
CITY-ST-ZIP NORTHBAY VILLAGE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SWILLEY, DEBORAH LYNN
16601 NW 8TH AVE
MIAMI, FL. 33169

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

400002482754
-04/08/98--01078--009
***61.25

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

400002482754
-04/08/98--01078--010
***8.75

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 in an attachment with an address.

SIGNATURE

Wallace D. Swilley
3-31-98 305-670-0060

CR2E037 (10/97)