

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003236 (5)

1. Corporation Name

KEN STEWART MINISTRIES, INC.



Principal Place of Business

**9481 HIGHLAND OAK DRIVE, #1307
TAMPA FL 33647**

Mailing Address

**9481 HIGHLAND OAK DRIVE, #1307
TAMPA FL 33647**

3. Date Incorporated or Qualified

07/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 8801 Hunters Lake Dr.

26 PO Box 16525

4. FEI Number

75-6232077

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 924

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23 Tampa, FL

28 Tampa, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 33647

25 Hillsborough

29 33647

30 Hillsborough

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEWART, KEN
9481 HIGHLAND OAK DRIVE, #1307
TAMPA FL 33647**

81 Name

Ken Stewart

82 Street Address (P.O. Box Number is Not Acceptable)

8801 Hunters Lake Dr. #924

83

84 City

Tampa

FL

85 Zip Code

33647

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

Dr. Ken Stewart

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reconstituted)

3-17-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD STEWART, KENNETH**
STREET ADDRESS **9481 HIGHLAND OAK DRIVE, #1307**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ DELETE

NAME **STD STEWART, DONNA**
STREET ADDRESS **9481 HIGHLAND OAK DRIVE, #1307**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ DELETE

NAME **D NICHOLS, ROBERT B**
STREET ADDRESS **401 OAKMONT LANE NORTH**
CITY-ST-ZIP **FORT WORTH TX 76112**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PD Kenneth Stewart**
1.3 STREET ADDRESS **8801 Hunters Lake Dr. #924**
1.4 CITY-ST-ZIP **Tampa, FL 33647**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **STD Donna Stewart**
2.3 STREET ADDRESS **8801 Hunters Lake Dr. #924**
2.4 CITY-ST-ZIP **Tampa, FL 33647**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: Kenneth Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-96

DATE

813/632-0701

Daytime Phone #

CR2E037 (12/95)