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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

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May 13 1997 8:00am

Secretary of State

414-462. VAL

DOCUMENT # F9600005472 (3)

INNOVATIVE CHURCH PRODUCTS, INC.

District District	10	······				
Principal Place of Businoss PO BOX 1541 WEST ALLIS WI 53201-1541		Mailing Address PO BOX 1541 WEST ALLIS WI 53201-1541			*****************************	
		··· • · · · · · · · · · · · · · · · · ·		3. Date Incorporated or Qualified 10/22/1996	3a. Date of Las	
2. Principal Place of Business 21		2a. Mailing Address		4. FEI Number 39-1856866		Applied For Not Applicat
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- \$B.7	5 Additional
22		27]	· 	Certificate of Status Desired	1 1 ,	Required
City & Stale)	City & Stato		6. Election Campaign Financing)0 May Bo
23] Zip	Country	28	Country	Trust Fund Contribution		ed to Fees
24 Zip	25	Zip	h	8. This corporation has liability for it Florida Statutes	ritangible tax unde Yes	r s. 199.032,
241	9. Name and Address of Curren	29 t Registered Agent	[30]	10. Name and Address of New Reg		
CT	CORPORATION SYSTEM		81 Name		<u> </u>	.,
	SOUTH PINE ISLAND ROAD		82 Street Add	iress (P.O. Box Number is Not Acceptab		
	NTATION FL 33324			11000 (1.0. FON HORISON IS HOLY IS SPINS		
			63			
			84 City		85 7	ip Code
		المنطق المراجع والمناسبة المناسبة	'			•
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was itions of, Section 607.0505, Fl	authorized by the corpora lorida Statutes.	poration submits this statement for the pration's board of directors. I hereby accep	t the appointment	as registered
SIGNATURE:						
SIGNATURE:	Signature, typod or printed name of registered age	ut and title if applicable (NO	TE. Registered Agent's gnature requ	ured when reinstating)	DATE ERS AND DIRECT	OBS IN 12
SIGNATURE:		ut and title if applicable (NO				
SIGNATURE	Signature, typed or printed name of registered ago	nt and tele l'applicable (NO DIRECTORS	TE Registered Agent's gnature requ	ured when reinstating)	ERS AND DIRECT	
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SIGNATURE. 12. TITLE NAME	Signature, typed or printed name of registered age Of FICE RS AND P JACKSON, TERRY L	nt and tele l'applicable (NO DIRECTORS	18. 13. 1.1 TITLE 1.2 NAME	ured when reinstating)	ERS AND DIRECT	
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