

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00 3-9-95 B-1993 XC

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR -9 AM 9:12

DOCUMENT # N00105 (9)

1. Corporation Name

MESSIANIC FAITH MINISTRIES, INC.

Principal Place of Business

Mailing Address

WOODRIDGE COUNTRY ESTATES
7663 WEST TOLLE LANE
DUNNELLON FL 34430
US

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7663 WEST TOLLE LANE
DUNNELLON FL 34430
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/01/1983

02/24/1994

4. FEI Number

Applied For

59-2359934

Not Applicable

5. Certificate of Status Desired

X

\$0.75 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLOYD, LEO L.
7663 WEST TOLLE LANE
DUNNELLON FL 34430

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

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

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FLOYD, LEO L.
STREET ADDRESS 7663 W. TOLLE LANE
CITY-ST-ZIP DUNNELLON FL

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

TITLE SD
NAME GLEASON, RUTH E.
STREET ADDRESS 607 E. INVERNESS BLVD/
CITY-ST-ZIP INVERNESS FL

2.1 TITLE Change Addition
2.2 NAME Claire K. Greer
2.3 STREET ADDRESS 4791 S. Apopka Ave.
2.4 CITY-ST-ZIP Inverness, FL 34452

TITLE VD
NAME FLOYD, B. ZELIA
STREET ADDRESS 7663 W. TOLLE LANE
CITY-ST-ZIP DUNNELLON FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME Carl L. Greer
4.3 STREET ADDRESS 4791 S. Apopka Ave.
4.4 CITY-ST-ZIP Inverness, FL 34452

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or an attached form with an address.

SIGNATURE: Leo L. Floyd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/95

Date

904-795-1758

Telephone #