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May 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N00228 (9)

1. Corporation Name

MISSIONARY AVIATION MINISTRIES, INC., OF AVON PARK, FLORIDA

Principal Place of Business

Mailing Address

C/O REV. THOMAS SCHANKWEILER
1400 STATE ROAD 17A NORTH
AVON PARK FL 33825

C/O REV. THOMAS SCHANKWEILER
1400 STATE ROAD 17A NORTH
AVON PARK FL 33825-7739



2. Principal Place of Business

2a. Mailing Address

21 1400 C.R. 17A NORTH
Suite, Apt. #, etc.

26 1400 C.R. 17A NORTH
Suite, Apt. #, etc.

22 City & State

27 City & State

23 AVON PARK, FL
Zip Country

28 AVON PARK, FL
Zip Country

24 33825

25

29 33825

30

3. Date Incorporated or Qualified
12/22/1983

3a. Date of Last Report
07/03/1996

4. FEI Number
59-2396048

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

SCHANKWEILER, REV. THOMAS
1400 STATE ROAD 17A NORTH
AVON PARK FL 33825

81 Name

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

1400 C.R. 17A NORTH

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SCHANKWEILER, REV. THOMAS
STREET ADDRESS 1400 STATE RD., 17A N.
CITY-ST-ZIP AVON PARK FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1400 C.R. 17A NORTH
1.4 CITY-ST-ZIP AVON PARK, FL 33825

TITLE SD
NAME SCHANKWEILER, HARRY JR.
STREET ADDRESS R.D. BOX 267
CITY-ST-ZIP OLEY PA

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

TITLE V
NAME SCHANKWEILER, RONALD
STREET ADDRESS 1246 CENTER ST.
CITY-ST-ZIP SHAMOKIN PA

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

TITLE TD
NAME SCHANKWEILER, SALLY
STREET ADDRESS 1400 S.W. 17A, NORTH
CITY-ST-ZIP AVON PARK FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 1400 C.R. 17A NORTH
4.4 CITY-ST-ZIP AVON PARK, FL 33825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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 on an attachment with an address.

SIGNATURE: [Signature] REQUIRED

4-30-97 941-453-6052

CR2E037 (9/96)