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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # N06507

(0)

NEW A	NOINTING INTERNATIONA	L MINISTRIES, INC.							
Principal Place	of Business	Mailing Address				DI OM BRIM BHUI BHIH 40	IANG ARUF BIRNI BAG	III BIBAT BIBA B	iinki didii 1001
9833 SIBBALD ROAD JACKSONVILLE FL 32208		9833 SIBBALD ROAD JACKSONVILLE FL 32208			12/0	rporated or Qualifie	d	· · · · · · · · · · · · · · · · · · ·	
					4. FEI Numb	97 1374947			oplied For ot Applicab
2. Principal Place of Business		2a. Mailing Address				of Status Desired	X		Additional
Suite, Apt. #, etc.		Sulte, Apt. #, etc.							equired
2) Suite, Apt. 1	w, etc.	27				Campaign Financing d Contribution	, D	\$5.00 Added t	
City & State)	City & State				profit corporation a			n?
3		28	1 0 3					No	
Zip 4	Country	Zip 29	Country 30	4	,	oration owes or has Property Tax due Ju	• –		tangible] No
<u>•1</u>	9. Name and Address of Currer		1901			d Address of New			
			81	Name					
WADE, ARTHUR E. REV.		82 Street Ad		Address (P.O. Box No	umber is Not Accep	table)	,		
838 TAMMY COVE LANE JACKSONVILLE FL 32218				<u> </u>					
			[83	<u> </u>				·	
			84	City			FL	85 Zip	Code
11. Pursuant to office or re	o the provisions of Sections 617.050 egistered agent, or both, in the State or familiar with, and account the obligations.	2 and 617.1508, Florida Statu of Florida. Such change was altens of Section 617.0503. F	ites, the above authorized b	e-named y the corp s	corporation submits to poration's board of dis	this statement for the rectors. I hereby ac	cept the app	ointment as	registered
SIGNATURE _	o the provisions of Sections 617.050 agistered agent, or both, in the State in familiar with, and accept the oblig. Signature, typind or provided name of registered agr.	not and title if applicable (NC	TE Registered Ag		e required when reinstating)		DATE		
SIGNATURE _	Signature, typind or prededinance of registered age OFFICE HS AN	not and title if applicable (NC			e required when reinstating)	this statement for the rectors. I hereby accepted the rectors of t	DATE		RS IN 12
SIGNATURE _ 12.	Signature, typind or professional of registered age OFFICERS AN P WADE, ARTHUR E.	on and title if applicable (NC	TE Registered Ag		e required when reinstating)		DATE	DIRECTOR	RS IN 12
SIGNATURE	Signature, typind or previded name of registered age OFFICERS AN P WADE, ARTHUR E. 838 TAMMY COVE LANE	on and title if applicable (NC	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature	e required when reinstating)		DATE	DIRECTOR	RS IN 12
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Secretary of State