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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

4 -	1996	DIVISION	OF CORPORATIO	DNS			
1. Corporatio	MENT # NO74 R R. COOPER MINISTRIE	(•)			[h a a lli a lan anan eren	il Çiğil Çiğir inne
Principal Place	o of Rusinoss	Matter Add					
		Mailing Address					
7822 LINKSI JACKSONVII	ide drive LLE FL 32256-8832	7822 LINKSIDE DRII JACKSONVILLE FL					
	MAC I A OTTOM OFFI	WORDON MELL TE	02250-0032				
					3. Date Incorporated or Qualified 02/01/1985	3a. Date of Last 03/07/1	
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	# atc	26			59-2515460		Not Applicable
22	π, σω.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 '	Additional
City & State	e	City & State			6. Election Campaign Financing	···	Required
23		28			Trust Fund Contribution		0 May Be d to Fees
Ζiρ	Country	Zip	Country		8. This corporation has liability for i		
24	25 9. Name and Address of Cur	29	30			Yes 🔀 No	·
	J. Hame and Address of Cal	Tott negistered Agent	81	Name	10. Name and Address of New R	legistered Agent	
ROWE	AND ROWE, P.A.						
	AYMEADOW RD., SUITE 203		82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)	
	ONVILLE FL 32256		63				····
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				^-		— . 85 Zir	o Code
11. Pursuant t	to the provisions of Sections 617.05	502 and 617.1508. Florida Stat	tutes the above-na	City	alion submits this statement for the our	<u> FL </u>	
	th, and accept the obligations of, So	ection 617.0503, Florida Statut	tutes, the above-na prized by the corpo tes.	amed corpora pration's board	ation submits this statement for the pur of of directors. I hereby accept the appo	<u> FL </u>	
familiar wi	th, and accept the obligations of, Si Signature, typed or printed name of registered as	gent and title (applicable.	tutes, the above-na prized by the corpo tes.	amed corpora pration's board	or directors. I hereby accept the appointment of the directors of the dire	pose of changing its rointment as registered	egistered office agent. I am
familiar wi	th, and accept the obligations of, Si Signature, typed or printed name of registered as	ection 617.0503, Florida Statut	tutes, the above-na prized by the corporates. (NOTE: Registered Agent	amed corpora pration's board	o of directors. I hereby accept the appo	PL pose of changing its rointment as registered	egistered office agent. I am FIS IN 12
familiar wi	th, and accept the obligations of, Si Signature, typed or printed name of registered as OFFICERS A	igent and title Lapplicable. AND DIRECTORS	tutes, the above-na prized by the corpo tes.	amed corpora pration's board	or directors. I hereby accept the appointment of the directors of the dire	pose of changing its rointment as registered	egistered office agent. I am
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appears in Block 12 or Block 13 if changed, or on an attrichment with an address.

SIGNATURE:

ESMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

904-737-8561 Daytime Phone #