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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08137 (4)

1. Corporation Name

CLARENCE M. YATES MINISTRIES, INC.

Principal Place of Business

400 SOUTH DEERWOOD AVENUE
ORLANDO FL 32825

Mailing Address

400 SOUTH DEERWOOD AVENUE
ORLANDO FL 32825-60043. Date Incorporated or Qualified
03/14/19853a. Date of Last Report
03/07/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2530526

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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

YATES, CLARENCE M.
400 DEERWOOD AVENUE
ORLANDO FL 32825

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 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

Charlotte M. Yates, Charlotte M. Yates, Secy

1-21-97

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	D	<input type="checkbox"/> DELETE
NAME	HARRELL, BOB	
STREET ADDRESS	5300 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	CD	<input type="checkbox"/> DELETE
NAME	TAYLOR, KEITH	
STREET ADDRESS	1651 S. RIO GRANDE AVE.	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRACE, PHILIP	
STREET ADDRESS	1850 LEE RD.-SUITE 115	
CITY-ST-ZIP	WINTER PARK FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LANDRY, MACK	
STREET ADDRESS	597 MONTGOMERY RD.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, TOM	
STREET ADDRESS	5115 LACROIX AVE.	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHLURAFF, JAMES	
STREET ADDRESS	1832 WIND DRIFT RD.	
CITY-ST-ZIP	ORLANDO FL	

1.1 TITLE	Secy-Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	YATES, CHARLOTTE M.	
1.3 STREET ADDRESS	400 DEERWOOD AVE	
1.4 CITY-ST-ZIP	ORLANDO FL 32825	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MYERS, LAURA	
2.3 STREET ADDRESS	1269 WINDSONG RD	
2.4 CITY-ST-ZIP	ORLANDO FL 32809	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Charlotte M. Yates, Charlotte M. Yates, Secy 1-21-97 407-273-0236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017678

CR2E037 (9/96)