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Jan 29 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 # **N11180** (9)

1. Corporation Name

CROWN MINISTRIES, INC.



Principal Place of Business

Mailing Address

**530 CROWN OAK CENTRE DR.
LONGWOOD FL 32750**

**530 CROWN OAK CENTRE DR.
LONGWOOD FL 32750-6187**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified
09/19/1985

3a. Date of Last Report
01/25/1996

4. FEI Number
59-2635539

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

**DAYTON, HOWARD L., JR.
530 CROWN OAK CENTRE DR
LONGWOOD FL 32750**

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

Signature, typed or printed name of registered agent and title if appl cable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☐ DELETE
NAME **WHITE, JOHN**
STREET ADDRESS **24014 OAKMONT WAY**
CITY-ST-ZIP **AUBURN CA**

TITLE **PD** ☐ DELETE
NAME **DAYTON, HOWARD L., JR.**
STREET ADDRESS **272 VICTOR AVENUE**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **SD** ☒ DELETE
NAME **MANOR, TIMOTHY J.**
STREET ADDRESS **640 DUNBLANE DR.**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **T** ☐ DELETE
NAME **BUBBERS, WILLIAM**
STREET ADDRESS **100 8TH AVE**
CITY-ST-ZIP **INIALANTIC FL**

TITLE **D** ☐ DELETE
NAME **ROCKWELL, ROBERT W**
STREET ADDRESS **13451 MCGREGOR BLVD. SUITE 32**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **CD** ☐ DELETE
NAME **AMERMAN, MARK**
STREET ADDRESS **1962 MAPLE LEAF DRIVE**
CITY-ST-ZIP **WINDMERE FL**

1.1 TITLE **Director** ☐ Change ☒ Addition
1.2 NAME **Rahill, Paul**
1.3 STREET ADDRESS **1468 Williams Drive**
1.4 CITY-ST-ZIP **Winter Park, FL 32789**

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

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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

1/9/97

407-331-6000

CR2E037 (9/96)