

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N11790**

(5)

1. Corporation Name

HOME MINISTRIES, INC.



Principal Place of Business

Mailing Address

**C/O FLORENCE DARIAS
419 EAST ADALEE STREET
TAMP FL 33603**

**C/O FLORENCE DARIAS
419 EAST ADALEE STREET
TAMP FL 33603**

3. Date Incorporated or Qualified
10/29/1985

3a. Date of Last Report
06/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

4. FEI Number

59-3023031

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

**DARIAS, FLORENCE
419 E. ADALEE STREET
TAMPA FL 33603**

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** ☐ DELETE
NAME **DARIAS, FLORENCE**
STREET ADDRESS **419 E. ADALEE ST.**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VCD** ☒ DELETE
NAME **~~WILLIAMS, CHARLES~~**
STREET ADDRESS **~~3018 N. CENTRAL~~**
CITY-ST-ZIP **~~TAMPA FL~~**

2.1 TITLE **VCD** ☒ Change ☒ Addition
2.2 NAME **INARD, Leslie**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **D** ☒ DELETE
NAME **~~WILLIAMS, CHARLES~~**
STREET ADDRESS **~~3018 N. CENTRAL~~**
CITY-ST-ZIP **~~TAMPA FL~~**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Williams, Charles**
3.3 STREET ADDRESS **3018 N. Central**
3.4 CITY-ST-ZIP **Tampa, FL 33603**

TITLE **D** ☐ DELETE
NAME **CLATT, ANSEL**
STREET ADDRESS **1646 ALICIA-NUNEZ CT**
CITY-ST-ZIP **STOCKTON CA**

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

TITLE **D** ☐ DELETE
NAME **CLATT, D'ANDRE**
STREET ADDRESS **8108 BRAEBUM TERR**
CITY-ST-ZIP **INDIANAPOLIS IN**

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

TITLE **D** ☐ DELETE
NAME **BASSETT, COLIOUS**
STREET ADDRESS **419 E ADALEE ST.**
CITY-ST-ZIP **TAMPA FL**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Florence L. Darias / FLORENCE B. DARIAS** 4/27/96 (813) 229-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)