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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

·	1997	A SECOND	ē/	DIVISION OF CO		PORATIONS						
DOCUI 1. Corporation	MENT #	N1258	7	(4)								
STAN I	MCKIBBON	MINISTRIES, INC).					A LEALAIDH ADH TADAK (HORI BALTA LEAH)	1001 BIÊN BIÐ	i) 0.0 00 0.18 59	Bidik dadar 1841	
Principal Place	e of Business	<u> </u>	Mailing A	Address								
1729 DONEGAL	NB.		1729 DOI	NEGAL DR								
CANTONMENT			CANTON	WENT FL 32533-	8999]					
US			บร					3. Date incorporated or Qualified 12/17/1985		te of Last F 04/22/18		7
2. Principal Pl	lace of Business		2a. Mailir 26	ng Address				4. FEI Number 74-2375416		h	pplied For lot Applicable	7
Suite, Apt.	#, etc.		Suite	, Apt. #, etc.				5. Certificate of Status Desired			Additional leguired	7
City & State	9		City 8	3 State				6. Election Campaign Financing		\$5.00	May Be	7
Z (p		Country	28 Zip		Counti	у		Trust Fund Contribution 8. This corporation has liability for		tax under s	to Fees s. 199.032,	-
24	25	Add	29	A	30					No		4
	9. Name and	Address of Current	Hegistered	Agent	8	Name		10, Name and Address of New Re	gistered A	.gent		4
MCKIBB	ON, WILLIAM	STAN			8:	<u> </u>	Addres	s (P.O. Box Number is Not Acceptal	ole)		······································	\dashv
	DNEGAL DR NMENT FL 325	22			8:	<u> </u>						4
CANTO	AMENI FL 323	33			84	City				85 Zip	Code	\dashv
44 Duramant	to the provisions	of Sections 617 0603	and 617 15(9 Florida State	toe the abo	I pamad	- COLDOL	ation authorite this statement for the	FL	obanaina	ite registeres	_
office or ri agent. I a	egistered agent, m familiar with, a	or both, in the State of and accept the obligation	if Florida. Suci ions of, Secti	ch change was ion 617.0503, F	authorized to lorida Statute	by the corp	poration	ation submits this statement for the j 's board of directors. I hereby acce	pt the appo	intment as	registered	`
SIGNATURE _	Stonature, typed or pr	nted name of registered agen	and title if applic	able (NC	TE: Registered A	nent signature	required	when reinstating)	DATE			
12.		OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTO	RS IN 12	ଅହ
TITLE	PD			☐ DELETE	1.1 TITLE	Į.				Change	Addition	a Ş
NAME		, WILLIAM STAN			1.2 NAME							2
STREET ADDRESS	1729 DONE CANTONM					ET ADDRESS						jù
CITY-ST-ZIP TITLE	VD	JAI FL		DELETE	1,4 CITY- 2.1 TITLE					Change	Addition	, է
NAME	· ·	, SHERLYN W.			2.2 NAME	1						
STREET ADDRESS	1729 DONE				2.3 STREE	T ADDRESS						
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NAME	1729 DONE	, SHARI LYNN		• •	3.2 NAME	ł	14	nect is rown	200	20 - 0 -0 -0	~ * ** *	,]
STREET ADDRESS CITY-ST-ZIP	CANTONNE				3.4. CITY	-ST-7/P	en	o, wheather su Tromps u. I	ישנים ו	we C	JW KH-	-
TITLE	<u> </u>			DELETE	4.1 TITLE			- 11. VIII RCJ VI L		Change	Addition	n
NAME					4. 2 NAM	E						
STREET ADDRESS					4.3 STREI	T ADDRESS						ĺ
CITY-ST-ZIP	 			DELETE	4.4 CITY -					☐ Change	Addition	
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STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					5.4 CITY -	. [
TITLE	1,	No. 1919 No.		DELETE	6.1 TITLE				·	Change	Addition	n
NAME					6.2 NAME	<u> </u>						
STREET ADDRESS					Į.	ET ADDRESS						ļ
CITY-ST-ZIP	ov cartify that the	information econline	with this filin	n does not our	6.4 CRY-	emption st	tated in	Section 119.07(3)(i), Florida Statute	e I further	certify the	t the	4
informatio I am an of appears in	in indicated on the fficer or director in Block 12 or Bio	nis annual report or su of the corporation or ock of it changed, or	pplemental a lie receiver o brian attachi	innual report is or trustee empo	true and acc wered to exe	curate and	that m	y signature shall have the same leg- is required by Chapter 617, Florida	al effect as Statutes;	if made un id that my	nder oath; the	at