

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 # N12978 (5)

1. Corporation Name

FRONT LINE EVANGELISTIC MINISTRIES, INC.

Principal Place of Business

856 94 AVE
NAPLES FL 33963
US

Mailing Address

856 94 AVE
NAPLES FL 33963
US



3. Date Incorporated or Qualified
01/16/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2723160

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

ANDERSON, ANDREW
2068 J & C BOULEVARD
NAPLES FL 33942

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

856 94TH AVE

83

84 City

NAPLES

FL

85 Zip Code

33963

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 D
NAME JOHNSON, DONALD
STREET ADDRESS 856 N 94 AVE
CITY-ST-ZIP NAPLES FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE DP
NAME ANDERSON, ANDREW
STREET ADDRESS 144 PEBBLE SHORES DR #204
CITY-ST-ZIP NAPLES FL

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME CAREY, LOU
STREET ADDRESS 3342 S.W. HOSANNAH LANE
CITY-ST-ZIP OKEECHOBEE FL

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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:

Andrew Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

2-13-96

Date

941-594-1209

Daytime Phone #

CR2E037 (12/95)