

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY - 1 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**DOCUMENT # N13031 (2)**

1. Corporation Name

**DAVID E. STEWART, JR. EVANGELISTIC MINISTRIES, I  
NC.**

Principal Place of Business

Mailing Address

**% JANE C. SOLBERG  
3005 CROSS FOX DRIVE  
MULBERRY FL 33860**

**% JANE C. SOLBERG  
3005 CROSS FOX DRIVE  
MULBERRY FL 33860**

3. Date Incorporated or Qualified **01/17/1986** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2686001** Applied For  Not Applicable

5. Certificate of Status Desired  **\$0.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**SOLBERG, JANE C.  
3005 CROSS FOX DRIVE  
MULBERRY FL 33860**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEWART JR, DAVID E</b>	1.2 NAME	
STREET ADDRESS	<b>749 WAKELON RD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINDSOR NC</b>	1.4 CITY - ST - ZIP	<b>Windsor, NC 27983</b>
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEWART, DAVID E SR</b>	2.2 NAME	
STREET ADDRESS	<b>749 WAKELON ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINDSOR NC</b>	2.4 CITY - ST - ZIP	<b>Windsor, NC 27983</b>
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BREDBENNER, HAL</b>	3.2 NAME	
STREET ADDRESS	<b>8513 SOUTHBRIAR DR.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>RALEIGH NC</b>	3.4 CITY - ST - ZIP	<b>Raleigh, NC 27606</b>
TITLE	<b>SD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLBERG, JANE C.</b>	4.2 NAME	
STREET ADDRESS	<b>3005 CROSS FOX DR.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MULBERRY FL</b>	4.4 CITY - ST - ZIP	<b>Mulberry, FL 33860</b>
TITLE	<b>TD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRELL, HOWARD</b>	5.2 NAME	
STREET ADDRESS	<b>127 ASKEVILLE-BRYANT ST</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINDSOR NC</b>	5.4 CITY - ST - ZIP	<b>Windsor, NC 27983</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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: Jane C. Solberg Jane C. Solberg April 25, 1995 (813) 425-2413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)