

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 # **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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/17/1986	3a. Date of Last Report 05/01/1995
21		26		4. FEI Number 59-2686001	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Country		Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SOLBERG, JANE C. 3005 CROSS FOX DRIVE MULBERRY FL 33860				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 _____ (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART JR, DAVID E	12 NAME	
STREET ADDRESS	749 WAKELON RD	13 STREET ADDRESS	
CITY-ST-ZIP	WINDSOR NC	14 CITY-S-ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, DAVID E SR	22 NAME	
STREET ADDRESS	749 WAKELON ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	WINDSOR NC	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREDBENNER, HAL	32 NAME	
STREET ADDRESS	8513 SOUTHBRIAR DR.	33 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLBERG, JANE C.	42 NAME	
STREET ADDRESS	3005 CROSS FOX DR.	43 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, HOWARD	52 NAME	
STREET ADDRESS	127 ASKEWILLE-BRYANT ST	53 STREET ADDRESS	
CITY-ST-ZIP	WINDSOR NC	54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *Jane C. Solberg* Jane C. Solberg April 23, 1996 (941)425-2413

CR2E037 (12/95)