

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 25, 1996 08:00 AM
Secretary of State

DOCUMENT # N15270 (4)
1. Corporation Name
MINISTRY SYSTEMS, INC.



Principal Place of Business Mailing Address
**3872 N. LK ORLANDO PKWY
ORLANDO FL 32808
US** **P. O. BOX 608458
ORLANDO FL 32860
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/04/1986		3a. Date of Last Report 01/24/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2706292		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
24 Country		29 Country		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			
KENNEDY, LARRY W. 3872 N LAKE ORLANDO PKWY ORLANDO FL 32808				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, 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 *Larry W. Kennedy* **LARRY W. KENNEDY, President 1-15-96** DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
☐ DELETE				☐ Change ☐ Addition			
1.1 TITLE				1.1 TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
2.1 TITLE				2.1 TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
3.1 TITLE				3.1 TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
4.1 TITLE				4.1 TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
5.1 TITLE				5.1 TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
6.1 TITLE				6.1 TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Larry W. Kennedy* **LARRY W. KENNEDY, Pres. 1-15-96** Date **407-290-1597**

CR2E037 (12/95)