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•	L Cla.	C(4.011	335	AD	3. Date Incorporated or Qualified	3a. Date of Las	st Report
2. Principal F	Place of Business	28. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	SO. COMORE ICL.	Suite, Apt. #, etc	<del></del>		24-2112866	>	Not Applicable
22 22		27 Suite, Apr. #, etc	·,		5. Certificate of Status Desired		5 Additional Required
City & Stat	le beno	City & State			6, Election Campaign Financing		00 May Be
Zip	Opposity	28 Zip	Country	у	Trust Fund Contribution  8. This corporation has liability for		ed to Fees er s. 199.032
24 338	301  25  1 -1.	29	30	<del></del>	Ftorida Statutes	Yes No	
	9. Name and Address of Curren	<del></del>	81	Name	10. Name and Address of New R	agistered Agent	
TILS-C	غصرم احرص	'	82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)	
414	MEALMENTOUR ?		. 83	ļ			
Laki	Ears, CLA. E	33807	84				
			J				Zip Code
office or r	to the previsions of Sections 617.0502 registered agent, or both, in the State	of Florida Such change i	was authorized by	y the corporation	pration submits this statement for the on's board of directors. I hereby acce	purpose of changin pt the appointment	g its registered as registered
SIGNATURE	am familiar with, and accept the obliga	tilons of, Section 617.050	s, monda statute	S.		•	1
12,	Signature, typed or printed name of registered ager OFFICERS AND		(NOTE Registered Age	ont signature required	when roinstating)  ADDITIONS/CHANGES TO OFFI	DATE CEDS AND DIDECT	OPS IN 12
TITLE	1	John Deleti			ADDITIONO/OFFARGES TO OFF	Chang	
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STREET ADDRESS CITY-SE-ZIP			6.3 STREET			12-3	31-97
14. I do hereb	y certify that the information supplied in indicated on this annual report or su	with this filing does not a	64 CITY ST ualify for the exer	nption stated in	Section 119.07(3)(i). Florida Statuto	n I fe ethne n-ett at	
	n indicated on this annual report or sufficer or director of the corporation or it is Block 12 or Block 13 f changed, or c			rate and that multiple this report a	y signature shall have the same legal s required by Chapter 617. Florida S	effect as if made u tatutes: and that me	inder oath; that
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SIGNATI	BIOMATURE AND TYPED OR	DINTED NAME OF BIGNING OFFI	CER OR DIRECTOR		12-10-97	941-815	9222
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Florida Dept. of State

Subject: Gurley Ministries, Inc.

letter Number: 597A00031159

Attn: Leslie Sellers

Dear Ms. Sellers,

Thank you for your letter concerning our annual report. We just returned from month's of extensive ministry and will return to Puerto Rico tomorrow. We have had a serious problem getting our mail last year and this year as you can see.

Enclosed is the check you requested to file our corporate status. We thank you so much for your assistance. We will keep in current in the future. We now have a different staff and arrangements to receive our mail.

Gurley Ministries International, Inc.

Dr. George R. Gurley

President





## FLORIDA DEPARTMENT OF STATE Sandra B. Morthain Secretary of State

June 10, 1997

GURLEY: NISTRIES : SRNATIC / INC. P.O. BOX 200 EATON PALIC, F 33840

SUBJECT: GURLEY MINISTRIES IN ERNATIONAL, INC.

Ref. Number: N16596

Pursuant to our telephone conversation of June 10, 1997, I am enclosing the annual report to complete for 1996-1997. Please return this with a check totaling \$122.50 and a letter explaining why the document was not properly filed in 1996.

After the corrections have been made, please return the document and a copy of this letter to my personal and confidential attention at the address below within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please car (904) 487-6059.

Leslie Sellers Document Specialist

Letter Number: 597A00031159