File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: DOCUMENT # N18056 (4)

PRESS FIRM:
BONIFAY RESCUE MISSION OF ALL NATIONS, INC.
% BRUCE HUGGINS
OLD CARYVILLE ROAD (P.O. BOX 652)
BONIFAY FL 32425-0652

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified: 12/03/1986
3a. Date of Last Report: 04/02/1992
4. FEI Number: 592916880 (Applied For / Not Applicable)
5. Certificate of Status Desired: [X] $8.75
6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: [X] $138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: [ ] Yes [X] No

2. Mailing Address
21:
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Principle Place of Business
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

9. Name and Address of Current Registered Agent

HUGGINS, BRUCE
OLD CARYVILLE ROAD (P.O. BOX 652)
BONIFAY FL 32425

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
86: Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505, Florida Statutes.

SIGNATURE Bruce Huggins (Registered Agent Accepting Appointment) DATE Feb. 26, 1993

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE 1.2 NAME 1.3 ADDRESS 1.4 CITY-ST-ZIP	P/D HUGGINS, BRUCE P.O. BOX 652 BONIFAY FL	1.1 TITLE 1.2 NAME 1.3 ADDRESS 1.4 CITY-ST-ZIP	
2.1 TITLE 2.2 NAME 2.3 ADDRESS 2.4 CITY-ST-ZIP	V/D BECK, FRANK RT. 1 BONIFAY FL	2.1 TITLE 2.2 NAME 2.3 ADDRESS 2.4 CITY-ST-ZIP	200001460082 -04/19/95--01036--004 *****70.00 *****70.00
3.1 TITLE 3.2 NAME 3.3 ADDRESS 3.4 CITY-ST-ZIP	S/T/D WATSON, SUSAN RT. 3 BOX 284 WESTVILLE FL	3.1 TITLE 3.2 NAME 3.3 ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 ADDRESS 4.4 CITY-ST-ZIP	D HUGGINS, FLOSSIE L. RT. 2, BOX 68C CARYVILLE FL	4.1 TITLE 4.2 NAME 4.3 ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 ADDRESS 5.4 CITY-ST-ZIP	D JACKSON/TOI 311 N. VARNER STREET BONIFAY FL	5.1 TITLE 5.2 NAME 5.3 ADDRESS 5.4 CITY-ST-ZIP	Delete Jackson, Toi 311 N. Varner Street Bonifay, Florida 32425
6.1 TITLE 6.2 NAME 6.3 ADDRESS 6.4 CITY-ST-ZIP	D HOOVER, MACK RT. 4 BONIFAY FL	6.1 TITLE 6.2 NAME 6.3 ADDRESS 6.4 CITY-ST-ZIP	

14. I 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; I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or 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 Bruce Huggins DATE Feb. 26, 1993

Print/Type Name of Signing Officer or Director: Bruce Huggins
Title(s): President
Daytime Telephone Number: (904) 956-2936

CR2E031 (1/95)