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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:33

DOCUMENT # N18266 (9)

1. Corporation Name
MUSTARD SEED MINISTRIES OF FORT PIERCE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3612 FT. PIERCE FL 34948	P.O. BOX 3612 FT. PIERCE FL 34948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0017366 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

JUNKER, CARL REV.
735 ORANGE AVENUE
FT. PIERCE FL 34950

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DONOVAN, KATHLEEN N	12 NAME	
STREET ADDRESS	251 BERMUDA BCH. DR.	13 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	14 CITY-ST-ZIP	
TITLE	AD	21 TITLE	☐ Change ☐ Addition
NAME	JUNKER, CARL REV.	22 NAME	
STREET ADDRESS	854 TIERRA	23 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	EFFEND, TOMMY	32 NAME	
STREET ADDRESS	4804 EVERGREEN AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	VD ☒ Change ☐ Addition
NAME	SEYMOUR, FRANK	42 NAME	Haynes, Priscilla
STREET ADDRESS	7713 WEXFORD WAY	43 STREET ADDRESS	1014 Trinidad Ave
CITY-ST-ZIP	PORT ST. LUCIE FL	44 CITY-ST-ZIP	Ft. Pierce, FL 34982
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	WHITELEY, ROBERT	52 NAME	
STREET ADDRESS	217 NORTH US #1	53 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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)(i), 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: Kathleen N Donovan 2/20/95 407-464-8324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kathleen N Donovan