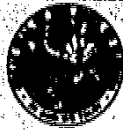


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 12: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20571 (8)

1. Corporation Name

MARCO ISLAND MINISTRIES, INC.

Principal Place of Business

Mailing Address

PO BOX 887
MARCO ISL FL 33969
US

PO BOX 887
MARCO ISL FL 33969
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/11/1987** 3a. Date of Last Report **05/01/1994**

4. FEI Number **NOT APPLICABLE** 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCULLEY, THOMAS C REV.
% RHODES & TUCKER, ATTORNEYS
950 N. COLLIER BLVD
MARCO ISLAND FL 33937**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	MCCULLEY, THOMAS C REV.
STREET ADDRESS	1190 EMBER COURT
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	T
NAME	FENIMORE, DONALD C
STREET ADDRESS	921 S. COLLIER BLVD #101
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	V
NAME	TWILLA, FRED
STREET ADDRESS	921 MONTEGO COURT
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	D
NAME	ERBE, ERNEST JR.
STREET ADDRESS	1135 SHENANDOAH CT.
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	D
NAME	SIMMONS, ROBERT M.
STREET ADDRESS	331 EDGEWATER CT
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	D
NAME	TRIBBLE, HENRY
STREET ADDRESS	532 TALLWOOD ST
CITY-ST-ZIP	MARCO ISLAND FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Director
4.3 STREET ADDRESS	Brookston, Charles
4.4 CITY-ST-ZIP	661 Elkcam Circle, West #924
	Marco Island FL 33937
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Rev. Thomas C. McCulley 4/22/95 813-394-4980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Here