

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N20571** (8)

1. Corporation Name
MARCO ISLAND MINISTRIES, INC.



Principal Place of Business: **PO BOX 887 MARCO ISL FL 33969 US**
Mailing Address: **PO BOX 887 MARCO ISL FL 33969 US**

3. Date Incorporated or Qualified: **05/11/1987**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MCCULLEY, THOMAS C REV.
% RHODES & TUCKER, ATTORNEYS
950 N. COLLIER BLVD
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | MCCULLEY, THOMAS C REV. | |
| STREET ADDRESS | 1190 EMBER COURT | |
| CITY-ST-ZIP | MARCO ISLAND FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | FENIMORE, DONALD C | |
| STREET ADDRESS | 921 S. COLLIER BLVD #101 | |
| CITY-ST-ZIP | MARCO ISLAND FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | TWILLA, FRED | |
| STREET ADDRESS | 921 MONTEGO COURT | |
| CITY-ST-ZIP | MARCO ISLAND FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BROTHERTON, CHARLES | |
| STREET ADDRESS | 661 ELKCAM CIRCLE WEST #92A | |
| CITY-ST-ZIP | MARCO ISLAND FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SIMMONS, ROBERT M. | |
| STREET ADDRESS | 331 EDGEWATER CT | |
| CITY-ST-ZIP | MARCO ISLAND FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TRIBBLE, HENRY | |
| STREET ADDRESS | 532 TALLWOOD ST | |
| CITY-ST-ZIP | MARCO ISLAND FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|--|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | 1204 Bluebird Ave. |
| 44 CITY-ST-ZIP | MARCO ISLAND, FL 33937 |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 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)(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, changed, or on an attachment with an address.

SIGNATURE: *Rev. Thomas C. McCulley* **Rev. Thomas C. McCulley**
Date: **April 24, 1996**
Daytime Phone #: **941-394-4980**

CR2E037 (12/95)