FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N20571 (8)

MAHU	O ISLAND MINISTRIES, INC	•						
Principal Plac	e of Business	Mailing Address	·····		-		HAT BIRIT BIRIT BIRIT DIRIT	6/0 ⁴ \$18
PO BOX 887 MARCO ISL FL 33969 US		PO BOX 887 MARCO ISL FL 34146-0887 US			***************************************			
					3. Date incorporat 05/11/19	87	3a. Date of Last F 05/01/19	eport 996
2. Principal P	Place of Business	2a. Mailing Address	*********		4. FEI Number NOT AP	PLICABLE		pplied For ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Sta	itus Desired	\$8.75	Additional equired
City & Stat	е	City & State		····	6. Election Campa		\$5.00	May Be
23 Zip	Country	Zip	Country		Trust Fund Cont			to Fees
24	25	29	30		Florida Statutes		ntangible tax under s Yes 🔽 No	6. 199.032,
	9. Name and Address of Curren	t Registered Agent			10. Name and Add	ress of New Reg	listered Agent	
			81	Name				
	LEY, THOMAS C REV.		82	Street Addre	ess (P.O. Box Number	is Not Acceptabl	e)	
% RHODES & TUCKER, ATORNEYS 950 N. COLLIER BLVD			63					
MARCO	ISLAND FL 33937 34145		84	City			85 Zip	Code
	,		1 1	•				4145
11. Pursuant office or r	to the provisions of Sections 617.0502 registored agent, or both, in the State am familiar with and accept the coliga	2 and 617.1508, Florida Statu of Florida, Such change was	ites, the above- authorized by	-named corp the corporati	oration submits this str ion's board of directors	itement for the pu . I hereby accept	urpose of changing i t the appointment as	ts registered registered
	am familiar with and accept the obliga	Rev. Thomas	Mc(ارکانه)				Teb 21. 199	7
SIGNATURE	Signature, typied of printed name of registered ager	nt and title if applicable (NO	TE Registered Agen	t signature require	ed when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHA	NGES TO OFFICE	ERS AND DIRECTOR	20.441.40
TITLE				·	7,007,10110,077,7			15 IN 12
	P	☐ DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
NAME	MCCULLEY, THOMAS C REV	☐ DELETE			,			
NAME STHEET ADDRESS	1190 EMBER COURT	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET A					
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST		·		Change	Addition
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SIGNATURE:

14. I do hereby certify that the information supplied with this filing 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 chapter 0, or on an attachment with an address. NING OFFICER OF DIRECTOR Date

941-354-4980

FILED

Feb 28 1997 8:00am

Secretary of State