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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20831

(6)

1. Corporation Name

WESLEY GROUP HOME MINISTRIES, INC.

Principal Place of Business

C/O LARRY A. PURVIS
101 S.E. 3RD AVENUE
FT. LAUDERDALE FL 33301

Mailing Address

C/O LARRY A. PURVIS
101 S.E. 3RD AVENUE
FT. LAUDERDALE FL 33301-19203. Date Incorporated or Qualified
05/26/19873a. Date of Last Report
02/05/19964. FEI Number
65-0472571Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc.

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JOHNS, JUNE
121 ISLAND GROVE DR
MERRITT ISL. FL 32952

10. Name and Address of New Registered Agent

81 Name

JUNE Johns

82 Street Address (P.O. Box Number is Not Acceptable)

121 Island Grove Dr.

83

84 City

Merritt Island

FL

85 Zip Code

32952

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	O'HARA, DELORES	
STREET ADDRESS	5821 NE 17TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUNNINGS, CARRILL	
STREET ADDRESS	3900 N SR 7	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, JACQUELINE	
STREET ADDRESS	401 E. RIDGE VILLAGE DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, MIRIAM	
STREET ADDRESS	3305 S.W. 1 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNS, JUNE	
STREET ADDRESS	121 ISLAND GROVE DR	
CITY-ST-ZIP	MERRITT ISL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCKINLEY, MARDELL	
STREET ADDRESS	1560 NW 81 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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:

June Johns President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2/4/97
Date

Daytime Phone # 0035268

CP2E037 (9/96)