

**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 # N23417 (1)**  
1. Corporation Name  
**REX HUMBARD MINISTRY, INC.**



Principal Place of Business  
**P O BOX 3063 BOCA RATON FL 33431**

Mailing Address  
**P O BOX 3063 BOCA RATON FL 33431**

3. Date Incorporated or Qualified **11/12/1987**  
3a. Date of Last Report **02/09/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0032337</b>	Applied For <input type="checkbox"/> Not Applicable
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WHITE, JOHN II 1645 PALM BEACH LAKES BLVD. PENTHOUSE SUITE W. PALM BEACH FL 33401				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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CD</b>	NAME <b>HUMBARD, REX E., SR.</b>	1.1 TITLE	<b>D</b>
STREET ADDRESS <b>265-5 OCEANVIEW BLVD.</b>	CITY-ST-ZIP <b>PACIFIC GROVE CA</b>	1.2 NAME	<b>BOB HARBEDUOX</b>
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS <b>BOX 26633</b>	<b>NEW ORLEANS, LA. NA</b>
TITLE <b>PD</b>	NAME <b>HUMBARD, REX E., JR.</b>	1.4 CITY-ST-ZIP <b>BOYNTON BEACH, FL 33426</b>	<b>70186</b>
STREET ADDRESS <b>3600 S CONGRESS # E</b>	CITY-ST-ZIP <b>BOYNTON BEACH FL</b>	2.1 TITLE	<b>NE</b>
	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE <b>DVP</b>	NAME <b>HUMBARD, DON R.</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>BOX 0009 10909 TAMMARIK TANK</b>	CITY-ST-ZIP <b>BOCA RATON FL BOYNTON BEACH FL 33436</b>	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<b>DVP</b>
TITLE <b>TD</b>	NAME <b>LORDEREE, DONN</b>	3.2 NAME	<b>HUMBARD, DON R.</b>
STREET ADDRESS <b>BOX 3005 3271 S.E. COURT DRIVE</b>	CITY-ST-ZIP <b>BOCA RATON FL STEWART, FL 34997</b>	3.3 STREET ADDRESS <b>10909 TAMMARIK TANK</b>	<b>BOYNTON BEACH, FL 33436</b>
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>MONROE, PETER</b>	4.1 TITLE	<b>TD</b>
STREET ADDRESS <b>BOX 3009 9300 HOLY HILL FARM ROAD</b>	CITY-ST-ZIP <b>BOCA RATON FL CHARLOTTE NC 28277</b>	4.2 NAME	<b>LORDEREE, DONN</b>
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	<b>3271 SE COURT DRIVE</b>
TITLE <b>DVP</b>	NAME <b>COBB, CLYDE</b>	4.4 CITY-ST-ZIP	<b>STEWART, FL 34997</b>
STREET ADDRESS <b>ROUTE 6, BOX 569</b>	CITY-ST-ZIP <b>HARRIMAN TN</b>	5.1 TITLE	<b>D</b>
	<input type="checkbox"/> DELETE	5.2 NAME	<b>MONROE, PETER</b>
		5.3 STREET ADDRESS	<b>9300 HOLY HILL FARM RD.</b>
		5.4 CITY-ST-ZIP	<b>CHARLOTTE, NC 28277</b>
		6.1 TITLE	<b>000001927680</b>
		6.2 NAME	<b>-08/20/96--01169--033</b>
		6.3 STREET ADDRESS	<b>***61.25</b>
		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 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 if changed, or on an attachment with an address.

SIGNATURE: REX HUMBARD JR PRESIDENT Date: 6-20-96 Daytime Phone #: 407 732 0201

CR2E037 (12/95)