

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23530 (1)

1. Corporation Name

F.G.Q. MINISTRIES INCORPORATED

Principal Place of Business

12813 WILD ACRES ROAD
LARGO FL 34643

Mailing Address

12813 WILD ACRES ROAD
LARGO FL 33773-15173. Date Incorporated or Qualified
11/05/19873a. Date of Last Report
04/24/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

4. FEI Number

59-2980291

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

HANEY, J. BRUCE
2058 POINSETTIA
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

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 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	PD	<input type="checkbox"/> DELETE
NAME	HANEY, J. BRUCE	
STREET ADDRESS	2058 POINSETTIA	
CITY - ST - ZIP	CLEARWATER FL 34615	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CRUM, DALE	
STREET ADDRESS	2765 BRATTLE LANE	
CITY - ST - ZIP	CLEARWATER FL 34621	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MAYS, ROBERT W	
STREET ADDRESS	12813 WILD ACRES ROAD	
CITY - ST - ZIP	LARGO FL 34643	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MADDOX, DAN J	
STREET ADDRESS	705 LEMONWOOD DRIVE	
CITY - ST - ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Haney, J. Bruce	
1.3 STREET ADDRESS	2058 Poinsettia	
1.4 CITY - ST - ZIP	Clearwater, FL 34615	
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: *Robert W. Mays* TRES. D 4-28-97 813-298-0955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0051785

CR2E037 (9/96)