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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N24460** **(0)**

1. Corporation Name

ROBIN WAGGONER MUSIC MINISTRIES, INC.

Principal Place of Business

C/O ROBIN WAGGONER
P.O. BOX 292
BELLE GLADE FL 33430

Mailing Address

C/O ROBIN WAGGONER
P.O. BOX 292
BELLE GLADE FL 33430-0292

3. Date Incorporated or Qualified: 01/22/1988
3a. Date of Last Report: 02/21/1996

2. Principal Place of Business
21 Robin Waggoner
Suite, Apt. #, etc.
22 100 NW Ave. D
City & State
23 Belle Glade, FL
Zip / Country
24 33430 25 Palm Beach

2a. Mailing Address
26 Robin Waggoner
Suite, Apt. #, etc.
27 100 NW Ave. D
City & State
28 Belle Glade, FL
Zip / Country
29 33430 30 Palm Beach

4. FEI Number: 65-0023413 ☐ 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**

WAGGONER, ROBIN
1640 N.W. AVE D.
BELLE GLADE FL 33430

10. **Name and Address of New Registered Agent**

81 Name: Robin Waggoner
82 Street Address (P.O. Box Number is Not Acceptable): 100 NW AVE. D
83
84 City: Belle Glade FL 85 Zip Code: 33430

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: Robin Waggoner
Signature of new registered agent, if changed (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	WAGGONER, ROBIN		1.2 NAME	Waggoner, Robin	
STREET ADDRESS	642 SW 1ST STREET		1.3 STREET ADDRESS	100 NW AVE. D	
CITY-ST-ZIP	BELLE GLADE FL		1.4 CITY-ST-ZIP	Belle Glade, FL	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, SAMUEL		2.2 NAME		
STREET ADDRESS	1116 NE 24TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DUFF, GENE		3.2 NAME		
STREET ADDRESS	232 ROYAL PALM WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Robin Waggoner Robin Waggoner March 9, 1997 561-996-5596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0041939