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 # N25528

(3)

R.W. WHITE MINISTRIES, INC.									
Principal Place	of Business	Mailing Address	Mailing Address						1101
BO GUAVA AVE C/O RONALD WAYNE WHITE DE FUNIAK SPRINGS FL 32433 US		BO GUAYA AVE C/O RONALD WAYNE WHITE DE FUNIAK SP 32433 US			Date Incorporated or Qualified 3a. Date of Last Report				
US					03/22/1988		02/10/1995		
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·			
21		26			59-2930841 Not Applicable				
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Addition		
22		City & State			6. Election Campaign Financing		\$5.00 May E		
City & State		28			Trust Fund Contribution	Added to Fees			
Zip	Country	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,				
24	25			_ _ F		Florida Statutes			
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New R	gistere	d Agent	
				81	Name				
WHITE, F	RONALD WAYNE			82	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
80 GUAV									
DEFUNIA	AK SPRINGS FL 32433			83					
•				84	City		F	85 Zip Code	
									d office
or register	ed agent, or both, in the State of Flor	ida. Such change was autho	rizea by the t	orpo	amed corpo ration's boa	ration submits this statement for the purard of directors. I hereby accept the appo	pose or i pintment	as registered agent. I	am
familiar wil	th, and accept the obligations of, Sec	tion 617.0503, Florida Statut	es.						
SIGNATURE							DATE		
	Signature, typed or printed name of registered agen	nt and title if applicable I ND DIRECTORS	NOTE: Registered	1 Agerit	signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF			2
12.	PD	[]DELETE				7.0.7.0		☐ Change ☐ Ad	
NAME	WHITE, RONALD WAYNE	12 N							
STREET ADDRESS	80 GUAVA AVE	ONALD WATER			ADDRESS				
CITY-ST-ZIP	DEFUNIAK SPRINGS FL								
TITLE	STD	[]DELETE	211					☐ Change ☐ Ad	Idition
NAME	WHITE, ELAINE		22 N	AME					
STREET ADDRESS	80 GUAVA AVE			2.3 STREET ADDRESS					
CITY - ST - ZIP	· · -			OTY-S	T-ZIP				
TITLE	D	[]DELETE	3.1 T	ITLE				Change Ac	dition
NAME	GIBSON, WILLIE RAY		321						
STREET ADDRESS	JOHN WHITE RD		338	TREET	ADDRESS				
CITY-ST-ZIP	DEFUNIAK SPRINGS FL				T-ZIP				73'0'2
TITLE		DELETE	4.1 T	ITLE				Change Ac	ddition
NAME			4 2 0	NAME					
STREET ADDRESS			435	TREET	ADDRES\$				
CITY-ST-ZIF		F-1		iTY-SI	r-ZIP			Change A	ddition
TITLE		[] DELETE	5 1 T					Поизвида Пук	agroull
NAME			•	(AME					
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP		רחתוניים		CITY - S	T - ZIP			☐ Change ☐ Ar	ddition
TITLE		[]DELETE		TITLE					••
NAME				NAME	ADDOLCO				
STREET ADDRESS	1				ADDRESS				
CITY - ST - ZIP	and that the information or allow	d with this files is your province	640	Lidoes	1-ZIP	for the exemption stated in Section 119	.07(3)(k)	Florida Statutes. I fur	rther
14. I do nerel	by certify that the information supplied	a with this hing is voluntarily i	control roport		o not quality	rate and that my signature shall have the	eama le	nal effect as if made i	under

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes, Future 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 12 if changed, or on an attachment with an address.

SIGNATURE:

WORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROMA OF WAYNE WHILE - President

904-892-6155

Daytime Phone #