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 # N28265 (9)

1. Corporation Name

FRONT LINE MINISTRIES, INC.

Principal Place of Business	Mailing Address
10755 SW 190TH STREET #77 PERRINE FL 33157 US	4420 NW 168TH TERRACE CAROL CITY FL 33055 US

3. Date Incorporated or Qualified: 09/09/1988
3a. Date of Last Report: 06/14/1995

4. FEI Number: 65-0148651 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 15600 N.W. 7Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 505
City & State 23	City & State 28 Miami, Fl
Zip 24 / Country 25	Zip 29 33169 / Country 30 US

9. Name and Address of Current Registered Agent

NEWTON, TRENETHA J.
4420 NW 168TH TERRACE
CAROL CITY FL 33055-1319

10. Name and Address of New Registered Agent

81 Name: Parnetha L. Smith
82 Street Address (P.O. Box Number is Not Acceptable): 17625 S.W. 112 CT
83: Miami
84 City: Miami FL 85 Zip Code: 33157

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: Parnetha L. Smith — Parnetha L. Smith — 4/25/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NEWTON, HERBERT G. 4420 NW 168TH TERRACE CAROL CITY FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Ethel M. Schiffer 15600 N.W. 7Ave #505 Miami, Fl. 33169	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NEWTON, TRENETHA E 4420 NW 168TH TERRACE CAROL CITY FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Parnetha L. Smith 17625 S.W. 112 Ct. Miami, Fl. 33157	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SCHIFFER, ETHEL M 15600 NW 7 AVE #505 MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	STD Maxine Hope 20230 S.W. 112 Ct Miami, Fl 33189	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Melvin Gibson 14860 Filmore St. Miami, Fl 33176	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: Ethel M. Schiffer — Ethel M. Schiffer — 4-25-96 — 305-687-1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #