

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28508 (2)

1. Corporation Name

FLORIDA GRADUATE SCHOOL OF MINISTRY, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/23/1988	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2970454	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
10 SOUTH MIWASSEE ROAD ORLANDO FL 32835-8002		10 SOUTH MIWASSEE ROAD ORLANDO FL 32835-8002	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30

9. Name and Address of Current Registered Agent

MORSCH, MARK V., ESQ.
116 AMERICA STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	☐ Change ☐ Addition
NAME	PENNINGTON, DAVINA M.	1.2 NAME	
STREET ADDRESS	6817 NINA ROSA DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	VAUGHN, MARY, E	2.2 NAME	
STREET ADDRESS	8715 LANSMERE LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	TOLER, STAN	3.2 NAME	
STREET ADDRESS	4400 N.W. EXPRESSWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	OKLAHOMA CITY OK	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LONDON, HOLLAND, B	4.2 NAME	
STREET ADDRESS	234 S FIGUEROA #1541	4.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LAMONTHE, JAMES	5.2 NAME	
STREET ADDRESS	7320 LISMORE CT.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	5.4 CITY - ST - ZIP	
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	VAUGHN, DAVID M.	6.2 NAME	
STREET ADDRESS	8715 LANSMERE LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95 167-293-2781
Date Daytime (Area #)