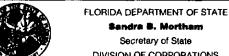
## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



Sandra B. Mortham Secretary of State

Apr 28 1998 8:00am Secretary of State

**FILED** 

	1998	<b>William</b>	<u> </u>	DIVISION OF (	CORPO	ORATIO	ONS	Secretary of State		
POCU 1. Corporat	JMENT ion Name	# N2850	8	(2)						
FLOR	IDA GRAD	UATE SCHOOL OF	- MINI	STRY, INC.						
Principal Place of Business Mailing Address										
10 SOUTH HIAWASSEE ROAD 10 SOUTH HIAWASSEE ROAD					DAD			3. Date Incorporated or Qualified		
ORLANDO FL 32835-8002			ORLANDO FL 32835-8002					09/23/1988		
į								4. FEI Number Applied For		
			,	·		_		<b>59-2970454</b> Not Applicate		
2. Principal Place of Business 21			2a. Mailing Address 26					6. Certificate of Status Desired See Required Fee Required		
Suite, Ap	t. #, etc.		27	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & St	ate	City & State					7. Is this nonprofit corporation a homeowners association?  Yes No			
Zip 24		Country 25	29	<b>Z</b> ip	30	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent		
						81	Nam	iame		
MORSCH, MARK V., ESQ. 116 AMERICA STREET						82	Stree	treet Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32801					83					
						84	City	FL 65 Zip Code		
11. Pursuar office of agent. I	nt to the provis r registered ac am familiar w	ions of Sections 617.050 jent, or both, in the State th, and accept the obligi	2 and 61 of Florid ations of	17.1508, Florida Statut la. Such change was e Section 617.0503, Flo	es, the authori orida S	e above ized by Statutes	name the co	amed corporation submits this statement for the purpose of changing its registere e corporation's board of directors. I hereby accept the appointment as registered		
SIGNATURE		or printed name of registered age	nt and title	Mannicable (NOT)	F: Beriet	larad Ana	ol sinosh	pnature required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS 13.							ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	<u></u>		DELETE	1.	.1 TITLE		☐ Change ☐ Addition		
NAME	■ · · · · · · · · · · · · · · · · · · ·					2 NAME				
STREET ADDRESS 6617 NINA ROSA DR					12	1.3 STREET ADDRESS		PRESS		
City-St-ZW	ORLAND				- 4	4 CITY-S				
TOTIC	100			DELETE		1 TITLE		Change Addition		

VAUGHN, MARY, E 2.2 NAME 8715 LANSMERE LANE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE **TOLER. STAN** NAME 3.2 NAME 4400 N.W. EXPRESSWAY STREET ADDRESS 3.3 STREET ADDRESS OKLAHOMA CITY OK City-St-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition NAME LAMONTHE, JAMES 4. 2 NAME 7320 LISMORE CT. STREET ADDRESS 4.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change 5.1 TITLE ■ Addition VAUGHN, DAVID M. NAME 5.2 NAME STREET ADDRESS **8715 LANSMERE LANE** 5.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 14. I 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 trusted 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:**