## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	1997	The same of the sa	DIV	Secreta ISION OF 0	CORPORA	TIOI	NS	Scorete	iry Oi		110
1. Corporation		N31488		(2)							
WE MU	ST SPEAK	MINISTRIES, INC	Ha					1 78611781 888 (4(8) 11811 <b>6</b> 7861	1888 1814 BIGIL BIGI	6 8484) <b>9</b> 1844 <b>9</b>	
Principal Place of Business Mailing Address									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·•·· • • • • • • • • • • • • • • • • •
7460 SAN SEBASTIAN DR BOCA RATON FL 33433 BOCA RATON FL 33433-1021											
DOCK RATOR F	L 33433		boon mirror	, 2 90100 10	<b>~</b> .			3. Date Incorporated or Qualif	ied 3a, Da	te of Last F	leport
								04/05/1989		03/12/19	96
`	ace of Business	2a. Mailing Address					4. FEI Number NOT APPLICABLE	=		pplied For of Applicable	
Suite, Apt. (	#, etc.	Suite, Apt. #, etc.				<del>,,, ,,</del> ,,	<del></del>			Additional	
22		27					5. Certificate of Status Desired	, u		equired	
City & State	,		City & Sta	10				6. Election Campaign Financin Trust Fund Contribution	ng 🔲		May Be to Fees
Zip		Country	Zip		Coun	itry	<del></del>	8. This corporation has liability			
24	25		29		30			Florida Statutes		No	<u> </u>
 	9. Name and	Address of Current	Hedisteled Yde	т		B1	Name	10. Name and Address of New	A Undistator v	(Beur	
BLOOMG	DUIST, PAUL F	RICHARD			};	B2	Street Add	ress (P.O. Box Number is Not Acce	otable)		
3331 SIERRA DR											
LAKE WO	ORTH FL 3346	1			}'	83					
					[1	B4	City		FL	85 Zip	Code
11. Pursuant t	o the provisions	of Sections 617.0502	and 617.1508. F	orida Statu	tes, the ab	ove-	named cor	poration submits this statement for tion's board of directors. I hereby a		changing i	ts registered
agent. I ar	n familiar with, a	and accept the obligati	ions of, Section 6	17.0503, FI	orida Statu	ites.	ille corpora	mons busing of directors. Thereby a	ocepi ine app	JII RITTOTIL 213	Legistered
SIGNATURE _	Signature, typed or pr	nted name of registered agent	and tille if applicable.	(NO	TE Registered	Ageni	signature requ	ired when reinstating)	DATE		
12.		OFFICERS AND	DIRECTORS		13,			ADDITIONS/CHANGES TO C	FFICERS AND		
TITLE	D			DELETE	1.1 1111		- {			☐ Change	☐ Addition
NAME OTREET ADDRESS	RISHELL, E				1.2 NAM		ODRESS				1
STREET ADDRESS CITY-ST-ZIP	BOCA RATI	sebastian dr On Fi			1.3 STR		I				,
TITLE	D	211 1 2	L	DELETE	2.1 TH				<del></del>	☐ Change	Addition
NAME	TOME, WIL				2.2 NAI	WE	}				į
STREET ADDRESS	2885 FARR						DDRESS				
CITY-ST-ZIP TITLE	<u>WEST PAU</u> D	<u> 1 BEACH FL 33409</u>		DELETE	2. 4 CIT		- ZIP			Change	Addition
NAME	LIŅEMAN, I	YNN	<u>-</u>		3.2 NA		1				
STREET ADDRESS	8207 SW 1	2 PL			3.3 STF	REET A	NDDRESS				
CITY-ST-ZIP	n Lauderi	DALE FL 33068		DOLLETE	3 4. Cfl		- ZIP			Charac	T Addison
TITLE			L_	DELETE	4.1 7171					L Change	Addition
NAME STREET ADDRESS					4. 2 NA 4.3 STE		IDDRESS				
CITY-ST-ZIP					4.0 GIT		1				
TITLE				DELETE	5.1 TITI					Change	Addition
NAME					5.2 NAI	ME	ļ				ļ
STREET ADDRESS							ADDRESS				į
CITY-ST-ZIP TITLE				DELETE	5.4 CIT 6.1 TIT		-ZIP			Change	Addition
NAME			L	Johnnie	6.2 NA		}				
STREET ADDRESS					1		ADDRESS				
CITY-ST-ZIP					6.4 CIT		- 1				

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:

**FILED** 

Jan 15 1997 8:00am

Secretary of State