

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 # N32135 (8)

1. Corporation Name

KEVIN SHOREY MINISTRIES, INC.

Principal Place of Business

% KEVIN SHOREY
P.O. BOX 2252
PALM BEACH FL 33480

Mailing Address

% KEVIN SHOREY
P.O. BOX 2252
PALM BEACH FL 33480



2. Principal Place of Business

21 4779 Concordia Lane

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 3329

Suite, Apt. #, etc.

3. Date incorporated or Qualified

05/05/1989

3a. Date of Last Report

02/15/1995

4. FEI Number

65-0119821

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

City & State

23 Boynton Beach, FL

City & State

28 Boynton Beach, FL

Zip

24 33436

Country

25 Palm Bch

Zip

29 33424

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

SHOREY, KEVIN
726 SUNNY PINE WAY #F2
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4779 Concordia Lane

84 City

Boynton Beach

FL

85 Zip Code
33436

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	PD	SHOREY, KEVIN	<input type="checkbox"/> DELETE
NAME		726 SUNNY PINE WAY #F2	
STREET ADDRESS		WEST PALM BEACH FL	
CITY-ST-ZIP			
TITLE	VD	RAY, HAROLD	<input type="checkbox"/> DELETE
NAME		4830 DORCHESTER MEWS	
STREET ADDRESS		WEST PALM BEACH FL	
CITY-ST-ZIP			
TITLE	STD	KENDRICK, CHRISTINE	<input type="checkbox"/> DELETE
NAME		726 SUNNY PINE WAY #F2	
STREET ADDRESS		WEST PALM BEACH FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	SHOREY, KEVIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		4779 CONCORDIA LANE	
1.3 STREET ADDRESS		BOYNTON BEACH, FL 33436	
1.4 CITY-ST-ZIP			
2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	STD	KENDRICK, CHRISTINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		4779 CONCORDIA LANE	
3.3 STREET ADDRESS		BOYNTON BEACH, FL 33436	
3.4 CITY-ST-ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 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:

KEVIN SHOREY

5/1/96

(407)738-4825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)