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NONPROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

FILED
May 05 1997 8:00am
Secretary of State
Secretary of State

KEVIN	SHOREY MINISTRIES, INC.								
Principal Piac	e of Business	Mailing Address					ut Trail Elell	01011 910(  <b>1</b> 1	)
4779 CONCORDIA LANE P.O. BOX 3329 60YNTON BEACH FL 33436 BOYNTON BEACH FL 33424-332 US US			424-3329			3. Date Incorporated or Qualified 05/05/1989	3a. Date	e of Last R	aport 26
9 Principal P	Place of Divisions	2a. Mailing Address				4. FEI Number		<del></del>	
				<b></b>	2252	65-0119821		<del> </del>	plied For
Sulte. Apt. #. etc.								\$8.75	1 Applicable
22 from the above address 27 from the ab			above	-0	Edres	5. Certificate of Status Desired		Fee Re	
28) All else is correct 28 All else is			بىرمذ	conet		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zip*	C <del>ou</del> ntry	<del>210</del>	Gour	ntry		8. This corporation has liability for			199.032,
24	25	29	30				Yes 💹		
ļ	9. Name and Address of Current	t Hegistered Agent		81	Mome	10. Name and Address of New Re	gistered A	gent	
A: 14 35	/ 1/55 ml)			61	Name				
SHOREY			ſ	82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
	ONGORDIA LANE ON BEACH FL 33436		1	83					
BUTNIC	IN BEAUTI FL 33438				_				
				84	City		FL	<b>85</b> Zip (	Zode
11. Pursuant office or agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 617.1508, Florida Stat of Florida. Such change was ations of, Section 617.0503, I	utes, the ab s authorized Florida Statu	oove d by utes	-named corp the corporat	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of o	hanging it intment as	s registered registered
SIGNATORIE	Signature, typed or printed name of registered ager			Ager	riupen erutangia In	ed when reinstating)	DATE		
12.	OFFICERS AND	T-111	18.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PD PENN	☐ DELETE	1.1 111				L	Change	Addition
NAME	SHOREY, KEVIN		1.2 NA			200 0		سر. د	
STREET ADDRESS	West of the second second				ADDRESS 4	779 CONCORDIA OYNTON BEAC		72	12/
CITY-ST-ZIP	VD	DELETE	1.4 CIT 2.1 TIT		I-ZIP IS	OTA TON BEHO	<u> </u>	Channa	Addition
NAME	RAY, HAROLD		2.1 M				Ļ	Onlings	LT Addition
STREET ADDRESS	4830 DORCHESTER MEWS				ADDRESS	v.			
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CF						
TITLE	STD	DELETE	3,1 7(1)		1-211				Addition
NAME				LE	l l			Change	
STREET ADDRESS	KENDRICK, CHRISTINE	_	3.2 NA		}		[	_] Change	
	KENDRICK, CHRISTINE 4779 CONCORDIA LANE	_		ME	ADDRESS		Ţ	] Change	
CITY-ST-ZIP		_		ME Reet A				] Change	
CITY-ST-ZIP TITLE	4779 CONCORDIA LANE	DELETE	3.3 \$16	ME REET A TY-S1				Change Change	Addition
	4779 CONCORDIA LANE	☐ DELETE	3.3 ST/ 3.4. C/	ME REET / TY-\$1 LE				•	
TITLE	4779 CONCORDIA LANE	☐ DELETE	3.3 STF 3.4, CF 4.1 T(T) 4.2 NA	ME REET / TY-ST LE AME		· · · · · · · · · · · · · · · · · · ·		•	
TITLE NAME	4779 CONCORDIA LANE		3.3 STF 3.4, CF 4.1 T(T) 4.2 NA	ME REET / TY-SI LE AME REET /	1-ZIP ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS	4779 CONCORDIA LANE	☐ DELETE	3.3 STA 3.4 CI 4.1 TITI 4.2 NA 4.3 STA	ME REET / TY-ST LE AME REET / TY-ST	1-ZIP ADDRESS			•	
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME	4779 CONCORDIA LANE		3.3 STA 3.4, CIT 4.1 TIT 4.2 NA 4.3 STA 4.4 CIT	ME REET A TY-ST LE REET A TY-ST LE	1-ZIP ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	4779 CONCORDIA LANE		3.3 ST/ 3.4, C/ 4.1 T/T 4.2 NA 4.3 ST/ 4.4 C/T 5.1 T/T 5.2 NA/	ME REET / TY-ST LE REET / TY-ST LE ME	1-ZIP ADDRESS			Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	4779 CONCORDIA LANE	DELETE	3.3 STI 3.4 CI 4.1 TII 4.2 NA 4.3 STI 4.4 CIT 5.1 TII 5.2 NAI 5.3 STI 5.4 CIT	ME TY-SI LE AME REET / TY-ST LE MY-ST	1-ZIP  ADDRESS 1-ZIP  ADDRESS			☐ Change ☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	4779 CONCORDIA LANE		3.3 STA 3.4 CLI 4.1 T(T) 4.2 NA 4.3 STA 4.4 CLT 5.1 T(T) 5.2 NAI 5.3 STA 6.1 T(T)	ME REET / TY-ST LE REET / TY-ST LE REET / REET / TY-ST LE	1-ZIP  ADDRESS 1-ZIP  ADDRESS			Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	4779 CONCORDIA LANE	DELETE	3.3 STA 34. CI 4.1 TIT 4. 2 NA 4.3 STA 4.4 CIT 5.2 NAI 5.3 STA 5.4 CIT 6.1 TIT 6.2 NAI	ME TY-ST LE AME REET / IY-ST LE ME REET / REET / LE ME REET / ME ME ME ME	1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP			☐ Change ☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	4779 CONCORDIA LANE	DELETE	3.3 STA 34. CI 4.1 TIT 4. 2 NA 4.3 STA 4.4 CIT 5.2 NAI 5.3 STA 5.4 CIT 6.1 TIT 6.2 NAI	ME REET / TY-SI LE REET / IY-ST LE REET / Y-ST LE ME REET / LE ME REET / REET / REET / REET /	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS ADDRESS			☐ Change ☐ Change	Addition

I do nereby certify that the information supplied with this filling 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 as 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.