

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N32318 (0)

1. Corporation Name

FLORIDA MINISTER'S ASSOCIATION INC.



Principal Place of Business

1211 SOUTHERN ST.
TALLAHASSEE FL 32310

Mailing Address

P.O. BOX 61
WOODVILLE FL 32362

2. Principal Place of Business

21 1210 Pendleton Drive

Suite, Apt. #, etc.

22

City & State

23 ALTAMONTE SPRINGS, FL

Zip

24 32714

Country

25 SEMINOLE

2a. Mailing Address

26 P.O. BOX 450073

Suite, Apt. #, etc.

27

City & State

28 KISSIMMEE, FL

Zip

29 34745

Country

30 OSCEOLA

3. Date Incorporated or Qualified

05/16/1989

3a. Date of Last Report

02/03/1995

4. FEI Number

65-0142138

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WOLF, RICHARD E. REV
1211 SOUTHERN STREET
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name

WOLF, RICHARD E. REV

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

3200 13 STREET (# 19)

83

84 City

ST. CLOUD, FL.

FL

85 Zip Code

34769

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

REV. RICHARD E. WOLF - PD

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

DATE

2/1/96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WOLF, RICHARD E.
STREET ADDRESS 1211 SOUTHERN STREET
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE SD ☐ DELETE

NAME WOLF, MELODY DAWN
STREET ADDRESS 1211 SOUTHERN STREET
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE TD ☐ DELETE

NAME HARRISON, DEBORAH
STREET ADDRESS 4615 DELEON ST G#147
CITY-ST-ZIP FORT MYERS FL 33907

TITLE MD ☐ DELETE

NAME HARRISON, MARK
STREET ADDRESS 4615 DELEON STREET
CITY-ST-ZIP FORT MYERS FL 33907

TITLE D ☒ DELETE

NAME HINES, PATRICA
STREET ADDRESS 4216 PINE DROP LANE
CITY-ST-ZIP N. FORT MYERS FL

TITLE VD ☐ DELETE

NAME DOYLE, DOUGLAS
STREET ADDRESS 1209 SOUTHERN STREET
CITY-ST-ZIP TALLAHASSEE FL 32310

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition

12 NAME WOLF, RICHARD E.
13 STREET ADDRESS P.O. BOX 450073 (N/A)
14 CITY-ST-ZIP KISSIMMEE, FL. 34745

21 TITLE VD ☐ Change ☐ Addition

22 NAME WOLF, MELODY DAWN
23 STREET ADDRESS P.O. BOX 450073 (N/A)
24 CITY-ST-ZIP KISSIMMEE, FL. 34745

31 TITLE D ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE D ☒ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE T.O. ☐ Change ☐ Addition

52 NAME DOYLE, LISA
53 STREET ADDRESS 1210 PENDLETON DRIVE
54 CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32714

61 TITLE D. ☒ Change ☐ Addition

62 NAME DOYLE, DOUGLAS
63 STREET ADDRESS 1210 PENDLETON DRIVE
64 CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32714

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: Melody D. Wolf

MELODY D. WOLF

2/1/96

(407) 397-8034

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)