

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 # **N33167** (0)

1. Corporation Name

2ND TIMOTHY TWO MINISTRIES, INC.



Principal Place of Business

Mailing Address

**2104 CYPRESS BEND DRIVE SOUTH
APT. 401
POMPANO BCH. FL 33069-4444**

**2104 CYPRESS BEND DRIVE SOUTH
APT. 401
POMPANO BCH. FL 33069-4444**

3. Date Incorporated or Qualified

07/06/1989

3a. Date of Last Report

01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0163636

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DARRINGTON, DELORES
337 G.W. 15TH ST.
DANIA FL 33004**

*103 N.W. 202 TER. Apt 202
Miami FL 33169*

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SAUNDERS, LILLIAN**
STREET ADDRESS **2104 CYPRESS BEND DR. S.**
CITY-ST-ZIP **POMPANO BCH. FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SAUNDERS, SHARI**
STREET ADDRESS **3081 H SIGNATURE BLVD.**
CITY-ST-ZIP **ANN ARBOR MI**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE
NAME **DARRINGTON, DELORES**
STREET ADDRESS **337 G.W. 15TH ST.**
CITY-ST-ZIP **DANIA FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **ADDRESS ONLY**
3.3 STREET ADDRESS **DARRINGTON, DELORES**
3.4 CITY-ST-ZIP **103 NW 202 TER. APT 202**
MIAMI FL 33169

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Lillian Saunders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96
Date

954
776-3070
Daytime Phone #

CR2E037 (12/95)