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Jan 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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
103 N.W. 202ND TERRACE
APT. 202
MIAMI FL 33169

81 Name LILLIAN SAUNDERS

82 Street Address (P.O. Box Number is Not Acceptable)
2104 CYPRESS BEND DR #401

83

84 Pompano Beach FL 85 Zip Code 33069

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 *Lillian Saunders* LILLIAN SAUNDERS 1/15/97
(NOTE: Registered Agent signature required when reinstating)

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 POMPAHO 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 SAUNDERS, SHARI
2.3 STREET ADDRESS 1741 COBURN COURT
2.4 CITY-ST-ZIP ANN ARBOR MI 48108

TITLE STD ☒ DELETE
NAME DARRINGTON, DELORES
STREET ADDRESS 103 N.W. 202ND TERRACE, APT. 202
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME MARY WILSON
3.3 STREET ADDRESS 2221 CYPRESS ISLAND DR #501
3.4 CITY-ST-ZIP POMPAHO BEACH FL. 33069

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 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: *Lillian Saunders* LILLIAN SAUNDERS 1/15/97 954 776-3076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)