

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 # N38935 (5)**  
1. Corporation Name  
**NAVY MINISTRY INTERNATIONAL, INC.**



Principal Place of Business Mailing Address  
**C/O ROBERT H. FOSTER**  
**210 TEMPLE GROVE DRIVE**  
**WINTER GARDEN FL 34787**

3. Date Incorporated or Qualified **07/02/1990** 3a. Date of Last Report **02/01/1995**  
4. FEI Number **59-3018542** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**FOSTER, ROBERT H.**  
**210 TEMPLE GROVE DRIVE**  
**WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

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

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | PD                           | <input type="checkbox"/> DELETE |
| NAME           | <b>RUSSELL, PAUL A., III</b> |                                 |
| STREET ADDRESS | <b>5013 MORTIER AVE.</b>     |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>            |                                 |
| TITLE          | VD                           | <input type="checkbox"/> DELETE |
| NAME           | <b>FOSTER, ROBERT H.</b>     |                                 |
| STREET ADDRESS | <b>210 TEMPLE GROVE DR.</b>  |                                 |
| CITY-ST-ZIP    | <b>WINTER GARDEN FL</b>      |                                 |
| TITLE          | STD                          | <input type="checkbox"/> DELETE |
| NAME           | <b>THOMPSON, PAUL</b>        |                                 |
| STREET ADDRESS | <b>287 NEEDLES TR.</b>       |                                 |
| CITY-ST-ZIP    | <b>LONGWOOD FL</b>           |                                 |
| TITLE          | D                            | <input type="checkbox"/> DELETE |
| NAME           | <b>MACNAIR, DONALD B.</b>    |                                 |
| STREET ADDRESS | <b>106 EAST MIMOSA DR.</b>   |                                 |
| CITY-ST-ZIP    | <b>MIDWEST CITY OK</b>       |                                 |
| TITLE          | D                            | <input type="checkbox"/> DELETE |
| NAME           | <b>SCHEAFFER, DON</b>        |                                 |
| STREET ADDRESS | <b>310 RUNNYMEADE CIR.</b>   |                                 |
| CITY-ST-ZIP    | <b>SLIDELL LA</b>            |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 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:

*Robert H. Foster* Robert H. Foster 2/10/96 (407) 656-1354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)