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FILED  
Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

**C/O ROBERT H. FOSTER  
210 TEMPLE GROVE DRIVE  
WINTER GARDEN FL 34787-2513**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**07/02/1990**

3a. Date of Last Report  
**02/21/1996**

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

10. Name and Address of New Registered Agent

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

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

*Robert H. Foster, V.P. Director*

**2/5/97**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD  
RUSSELL, PAUL A., III**  
STREET ADDRESS **5013 MORTIER AVE.**  
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VD  
FOSTER, ROBERT H.**  
STREET ADDRESS **210 TEMPLE GROVE DR.**  
CITY-ST-ZIP **WINTER GARDEN FL**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **STD  
THOMPSON, PAUL**  
STREET ADDRESS **287 NEEDLES TR.**  
CITY-ST-ZIP **LONGWOOD FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
MACNAIR, DONALD B.**  
STREET ADDRESS **106 EAST MIMOSA DR.**  
CITY-ST-ZIP **MIDWEST CITY OK**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
SCHEAFFER, DON**  
STREET ADDRESS **310 RUNNYMEADE CIR.**  
CITY-ST-ZIP **SLIDELL LA**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS  
2.4 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

*Robert H. Foster, V.P. Director*

**2/5/97**

CR2E037 (9/96)