

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam

Secretary of State

DIVISION OF CORPORATIONS APPROVED

DOCUMENT # N41621

(6)

1. Corporation Name

ALAN WARD MINISTRIES, INC.

1995 MAY 1 PM 4:25

Principal Place of Business

2127 BROADWATER DRIVE
JACKSONVILLE FL 32225

Mailing Address

~~2127 BROADWATER DRIVE~~
~~JACKSONVILLE FL 32225~~
7865 26 AVE
EDMONTON, AB CANADA
T6K 3S7

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1991

3a. Date of Last Report

02/18/1994

4. FEI Number

59-3103313

Applied For

Not Applicable

2. Principal Place of Business

21 7865 26 AVE

2a. Mailing Address

26 7865 26 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Edmonton, Alberta

City & State

28 Edmonton, Alberta

Zip

Country

24 T6K-3S7 25 CANADA

Zip

Country

29 T6K 3S7 30 CANADA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WARD, ALAN N.
2127 BROADWATER DRIVE
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name Nicholas T. Simonie
82 Street Address (P.O. Box Number is Not Acceptable)
8280 Princeton Square Bldg W #5
83
84 City Jacksonville FL 85 Zip Code 32256

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Nicholas T. Simonie

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

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

Nicholas T. Simonie 5/10/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WARD, ALAN
STREET ADDRESS	2127 BROADWATER DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DST
NAME	WARD, DARCIE E.
STREET ADDRESS	2127 BROADWATER DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	ZINK, PAUL D.
STREET ADDRESS	9424 CONIFER RD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DV
NAME	PURCELL, JOSEPH D.
STREET ADDRESS	1600 TANANA DR.
CITY-ST-ZIP	WASILLA AK
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	7865 - 26 AVE
14 CITY-ST-ZIP	EDMONTON, AB CANADA T6K 3S7
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	7865 - 26 AVE
24 CITY-ST-ZIP	EDMONTON, AB CANADA T6K 3S7
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	200001491422
34 CITY-ST-ZIP	-05/17/95--01113--004
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95

403-440-3370

Date

Telephone #