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May 07 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 # N41992 (1)

1. Corporation Name

DANNETTE FISHBURNE MINISTRIES, INC.

Principal Place of Business

696 YOUNGSTOWN PKWY UNIT 313  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

P.O. BOX 585205  
ORLANDO FL 32858-5205  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/07/1991

3a. Date of Last Report

04/29/1996

4. FEI Number

59-3055299

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

FISHBURNE DANNETTE  
696 YOUNTSTOWN PARKWAY UNIT 313  
ALTAMONTE SPRINGS FL 32714

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 SD ☐ DELETE  
NAME JOHNSON, CARA  
STREET ADDRESS 7313 CABOR COURT  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE  
NAME JOHNSON, MARSHA  
STREET ADDRESS 5507 WESTVIEW DR  
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE  
NAME STORY, ANGELA  
STREET ADDRESS 1720 BEN COVE CT  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE  
NAME WRIGHT, ESTER  
STREET ADDRESS 5780 KINGSGATE DR  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE  
NAME PHYLLIS F. MACK  
STREET ADDRESS 2415 BARRY DRIVE SOUTH  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ DELETE  
NAME HOLLIS, JUDY  
STREET ADDRESS 8737 ALEGRE CIR  
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME ~~Secretary~~  
1.3 STREET ADDRESS ~~Sharon M. Mack~~  
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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.

CR2E037 (9/96)