## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT # N42768** 

(4)

Principal Place P. O. BOX 56	NALTON BEACH BIBLE STU	Mailing Address P. O. BOX 5615 FT. WALTON BEACH FL	32548		
				3. Date Incorporated or Qualified 03/29/1991	3a. Date of Last Report 04/21/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 59-3059385	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Country 30	8. This corporation has liability for in	
<u> 1</u>	9. Name and Address of Curren			10. Name and Address of New Re	
41-12TH AVE -SHALIMAR FL 32578				LEITCH, RODERICK W  Iddress (P.O. Box Number is Not Acceptable)  ZZ TRONWOOD DR	
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)					
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	LEITCH, RODERICK W.		1.2 NAME	LEITCH, RODERIG 622 IRONWOOD DR	k W
STREET ADDRESS	41-12TH AVE		1.3 STREET ADDRESS	622 IRONWOOD DR	
CITY-ST-ZIP	<del>-Shalimar f</del> l		1.4 CITY+ST-ZIP	FT WALTON BEACH,	FL 32547
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GIVENS, GREG		2.2 NAME		
STREET ADDRESS	698 BLACKSTONE RD		2 3 STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER FL		2.4 C(TY-ST-ZIP		·····
TITLE	D CAROON COOTT	DELETE	3.1 TITLE		Change (1) Addition
NAME	CARSON, SCOTT		3.2 NAME		
STREET ADDRESS	1400 N. 16TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	DELETE	3.4. C(TY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
TITLE		Fibrerit	4.1 TITLE 4.2 NAME		C) ontaings C) Addition
NAME					
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		İ
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change
NAME		Претен	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME		Harris	6.2 NAME		Send Control Send Control (M)
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	w certify that the information supplied	with this filing is voluntarily furnis		lify for the exemption stated in Section 119.0	7/3\/k\ Florida Statutes I further

certify that the information indicated on this annual report or supplemental instruction in the exemption stated in section 119.07(5)(6), Frontac Statutes. Turner certify that the information indicated on this annual report as supplemental it is true and a cocurate 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 BIGNING OFFICEN OR DIRECTOR

14 Apr 96 904-882-4505

CR2E037 (12/95)