FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N4334

(9)

ECCLESIA MINISTRIES, INC.										
Principal Place of Business Mailing Address 802 PROSPECT AVE P.O. BOX 320879. N/A COCOA FL 32822 COCOA BEACH FL 32832- US US			?- 0 879							
					3	 Date Incorporated or Qualifie 05/07/1991 	d 3a. D	05/01/19		
2. Principal P	lace of Business	2a. Mailing Address			4	I. FEI Number 59-3076997	·		plied For ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		,		5. Certificate of Status Desired	Ø	\$8.75 / Fee Re		
City & Stati	е	City & State	City & State			 Election Campaign Financing Trust Fund Contribution 		\$5.00 Added t		
Z(p	Country 25	Zip 29	Cour	try	8	This corporation has liability f Florida Statutes	or intangible			
1	9. Name and Address of Current Registered Agent				10	10. Name and Address of New Registered Agent				
·····				81 Nan) 6					
MCFARLAND, JOHN T.				B2 Stre	et Address	(P.O. Box Number is Not Accep	table)			
802 PROSPECT AVE COCOA FL 32922				93						
			ļ	84 City			FL	85 Zip	Code	
11. Pursuant office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State im familiar with, and accept the oblig	2 and 617.1508, Florida Statu of Florida. Such change was ations of, Section 617.0503, F	ites, the ab authorized lorida Statu	ove-nam by the c	ed corporation's	ion submits this statement for the board of directors. I hereby ac	e purpose o cept the ap	of changing it pointment as	s registered registered	
SIGNATURE							DATE			
12,	Signature, typed or printed name of registered age	D DIRECTORS	13.	Ageni signa	ture required wh	ADDITIONS/CHANGES TO OF		D DIRECTOR	S IN 12	
TITLE	CD	DELETE	1.1 Total	.E				Change	Addition	
NAME	MCFARLAND, JOHN T.		1.2 NA	VIE .	ļ					
STREET ADDRESS	802 PROSPECT AVE		1.3 ST	EET ADDRES	is					
CITY-ST-ZIP	COCOA FL		1.4 CIT	Y-ST-ZIP						
TITLE				2.1 TITLE				Change	☐ Addition	
NAME	MUNSON, LAUREN		2.2 NA	vie	-					
STREET ADDRESS	255 SOUTH TROPICAL TRAIL	L, UNIT A1	2.3 \$11	EET ADDRES	is					
CITY - S1 - ZIP	MERRITT ISLAND FL		2. 4 CI	Y-ST-ZIP						
TITLE	D	☐ DELETE	3.1 TIT	LE				Change	Addition	
NAME	CHAMBERS, JANNE		3.2 NA	ME						
STREET ADDRESS	802 PROSPECT AVENUE		3.3 STI	EET ADDRES	is					
CITY - S1 - ZIP	COCOA FL			Y-ST-ZIP				17.0		
TITLE	-	DELETE	4.1 T)T					Change	☐ Addition	
NAME			4. 2 NA					•		
STREET ADDRESS			1	LEET ADORES	S					
CITY-ST-ZIP		T nei etr		Y-ST-ZIP		<u></u>		Change	Addition	
TITLE		DELETE	5.1 TiT					☐ Oldula	L. ADUIUM)	
NAME OTREST ADDRESS			5.2 NA		.					
STREET ADDRESS				REET ADDRES	»					
DITY-ST-ZIP		☐ DELETE	5.4 CFT 6.1 TIT	Y-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
TITLE			6.2 NA		1			Uningo		
NAME CTREET ADDRESS				me Reet addre						
STREET ADDRESS	i		0.3 51	HEEL MUUNE	~					

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 is 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 3 if changed, of on an attachment with an address.

SIGNATURE:

April 27, 1997 (407)639-6917