

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N43790** (7)

1. Corporation Name  
**N.B. MINISTRIES, INC.**



Principal Place of Business Mailing Address  
P.O. BOX 227 GRANDIN FL 32138 P.O. BOX 227 GRANDIN FL 32138-0237

21	2a	26	27	28	29	30
Principal Place of Business	Mailing Address	State, Apt. #, etc.	State, Apt. #, etc.	City & State	City & State	Country
22	23	24	25	26	27	28
State, Apt. #, etc.	City & State	Zip	Country	State, Apt. #, etc.	City & State	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
06/11/1991	03/28/1995
4. FID Number	Applied For
59-3048645	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

STANLEY, EMORY W  
7988 SUNNY BROOK RD.  
MELROSE FL 32666

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0600 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 617.0603, Florida Statutes.

SIGNATURE (Print or Type Name of Agent) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITION CHANGES TO OFFICERS AND DIRECTORS	
TITLE	NAME	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	2. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	3. STREET ADDRESS	
TITLE	TITLE	4. CITY, ST, ZIP	
NAME	NAME	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	6. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	7. STREET ADDRESS	
TITLE	TITLE	8. CITY, ST, ZIP	
NAME	NAME	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	10. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	11. STREET ADDRESS	
TITLE	TITLE	12. CITY, ST, ZIP	
NAME	NAME	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	14. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	15. STREET ADDRESS	
TITLE	TITLE	16. CITY, ST, ZIP	
NAME	NAME	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	18. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	19. STREET ADDRESS	
TITLE	TITLE	20. 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 119.07(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: *Emory Stanley* EMORY STANLEY 1-21-96 904-661-2733

CR2E037 (12/95)