FILE NOW: FILING FEE IS $61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified **06/11/1991**	3a. Date of Last Report **01/26/1996**

2. Principal Place of Business [21]	2a. Mailing Address [26]	4. FEI Number **59-3048645**	Applied For / Not Applicable
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
City & State [23]	City & State [28]	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip [24]	Country [25]	Zip [29]	Country [30]

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
STANLEY, EMORY W 7988 SUNNY BROOK RD. MELROSE FL 32666	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DP** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **STANLEY, EMORY**		1.2 NAME	
STREET ADDRESS **7988 SUNNYBROOK RD**		1.3 STREET ADDRESS	
CITY-ST-ZIP **GRANDIN FL**		1.4 CITY-ST-ZIP	
TITLE **VDS** ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **STANLEY, NIKKI**		2.2 NAME	
STREET ADDRESS **7988 SUNNYBROOK RD.**		2.3 STREET ADDRESS	
CITY-ST-ZIP **GRANDIN FL 32138**		2.4 CITY-ST-ZIP	
TITLE **CD** ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME **PENROD, RON**		3.2 NAME	
STREET ADDRESS **7988 SUNNYBROOK RD**		3.3 STREET ADDRESS	
CITY-ST-ZIP **GRANDIN FL 32138**		3.4 CITY-ST-ZIP	
TITLE **D** ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME **PENROD, LINDA**		4.2 NAME	
STREET ADDRESS **7988 SUNNYBROOK RD**		4.3 STREET ADDRESS	
CITY-ST-ZIP **GRANDIN FL 32138**		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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.

SIGNATURE: _____ EMORY STANLEY 1-10-97 904661-2733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #   0077311