FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44305 (3)

1. Corporation Name
PROPHETIC CHRISTIAN MINISTRIES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2902 AUBURN AVE TOLEDO OH 43606 US	2902 AUBURN AVE TOLEDO OH 43606 US

(CHANGE TO)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1991	3a. Date of Last Report: 04/15/1994
4. FEI Number: 34-1699832	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22 P.O. Box 352036	Suite, Apt. #, etc: 27 P.O. Box 352036
City & State: 23 Toledo OH.	City & State: 28 Toledo, OH.
Zip: 24 43635-2036 Country: 25 U.S.	Zip: 29 43635-2036 Country: 30 U.S.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PARKER, CLIF 337 MAGNOLIA AVE PANAMA CITY FL 32401	81 Name: SAME 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Clif E. Parker
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	PD	11 TITLE	SECRETARY-TREASURER-DIRECTOR ☒ Change ☐ Addition
NAME	STEVENS, JIM	12 NAME	ROGER PUGH ROGER (CHANGE IN TITLE)
STREET ADDRESS	1550 RICHLAND RD	13 STREET ADDRESS	2157 LAUREL VALLEY
CITY-ST-ZIP	MARION OH	14 CITY-ST-ZIP	TOLEDO, OHIO (43614)
TITLE	D	21 TITLE	DIRECTOR ☐ Change ☒ Addition (ZIP CODE)
NAME	KUTZ, ROBERT	22 NAME	GEORGE BARRETT
STREET ADDRESS	546 CARLTON ST	23 STREET ADDRESS	2034 STARR AVE
CITY-ST-ZIP	TOLEDO OH	24 CITY-ST-ZIP	OREGON, OHIO (43616)
TITLE	D	31 TITLE	DIRECTOR ☐ Change ☒ Addition (ZIP CODE)
NAME	BARRETT, GEORGE	32 NAME	ROBERT KUTZ
STREET ADDRESS	3036 STARR AVE	33 STREET ADDRESS	546 CARLTON
CITY-ST-ZIP	OREGON OH	34 CITY-ST-ZIP	TOLEDO, OHIO (43609)
TITLE	D	41 TITLE	DIRECTOR ☐ Change ☒ Addition (ZIP CODE)
NAME	ROBINSON, MICKEY	42 NAME	ROBINSON, MICKEY
STREET ADDRESS	19273 CO RD 49	43 STREET ADDRESS	4273 CO RD 49
CITY-ST-ZIP	TYLER TE	44 CITY-ST-ZIP	TYLER TEXAS (75704)
TITLE	D	51 TITLE	DIRECTOR ☐ Change ☒ Addition (ZIP CODE)
NAME	PUGH, ROGER	52 NAME	STEVENS, JIM
STREET ADDRESS	2157 LAUREL VALLEY	53 STREET ADDRESS	1550 RICHLAND RD
CITY-ST-ZIP	TOLEDO OH	54 CITY-ST-ZIP	MARION, OHIO (43302)
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Roger W Pugh Roger W Pugh 4/30/95 (419) 385-4377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DIRECTOR SECRETARY/TREASURER

0074330