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FILED

Mar 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N44305 (3)

1. Corporation Name

PROPHETIC CHRISTIAN MINISTRIES ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 352036  
TOLEDO OH 43635-2036  
US

Mailing Address

P.O. BOX 352036  
TOLEDO OH 43635-2036  
US3. Date Incorporated or Qualified  
07/16/19913a. Date of Last Report  
02/07/19964. FEI Number  
34-1699832Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

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

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 STD ☐ DELETE  
NAME PUGH, ROGER  
STREET ADDRESS 2157 LAUREL VALLEY  
CITY-ST-ZIP TOLEDO OHTITLE D ☐ DELETE  
NAME BARRETT, GEORGE  
STREET ADDRESS 3036 STARR AVE.  
CITY-ST-ZIP OREGON OH 43618TITLE D ☐ DELETE  
NAME KUTZ, ROBERT  
STREET ADDRESS 546 CARLTON  
CITY-ST-ZIP TOLEDO OH 43609TITLE D ☐ DELETE  
NAME ROBINSON, MICKEY  
STREET ADDRESS 19273 CO RD 49  
CITY-ST-ZIP TYLER TX 75704TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP1.1 TITLE STD ☒ Change ☐ Addition  
1.2 NAME PUGH, ROGER  
1.3 STREET ADDRESS 1432 ALBANY CT #101  
1.4 CITY-ST-ZIP SCHAMBERG, IL 601932.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME ROBINSON, MICKEY  
4.3 STREET ADDRESS 117 KENBRIDGE LN  
4.4 CITY-ST-ZIP MADISON, MISS. 391105.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

ROGER W. PUGH  
3/25/97 (630) 893-8878  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0076875

CR2E037 (9/96)