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**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT A	RY CHURCH (		` '							
Principal Plac	e of Business		Mailing Addr	ess				#081/4#1 0#4 #4### <b>0</b> #### 1 <b>#</b> ##	i ayay indi bibii i	HARI BIBIK BIBIL D	(E)
326 23RD CIRCLE P O BOX 15156 ANAMA CITY FL 32405 PANAMA CITY FL 32406-515 IS US					58						
o .			00				[	<ol> <li>Date Incorporated or Qua 09/04/1991</li> </ol>	lified 3a.	Date of Last 05/01/19	Report <b>96</b>
Principal Place of Business			2a. Mailing Address				1	4. FEI Number 59-3086742			Applied For lot Applicable
Suite, Apt	#, etc.		Suite, Apt	t. #, etc.				5. Certificate of Status Desire	ed $\square$	\$8.75	Additional
City & Stat	10	···	27 City & Sta	ato						···	Required
3	ic		28	210			'	<ol><li>Election Campaign Finance Trust Fund Contribution</li></ol>			D May Be I to Fees
Zip		Country	Zip	······································	Coun	try	- 1	8. This corporation has liabil		ble tax under	
4		5 Address of Cu	29 rrent Registered Age	nt .	30			Florida Statutes  O. Name and Address of N	Yes	_=	
	g. (Vallie e	IIIO ACCIDES DI CO	TIBIL TEGISTORE AGO	<u>'''</u>		Name		U. ITAMIO SITA ACCIOST OF IT	OW HOSISIE	M Agent	
	N, THOMAS	D.				32 Stree	Address	(P.O. Box Number is Not Acc	ceptable)		
2326 23RD CIRCLE							Too (1.0. Day Harrison to Hot Aposptas				
PANAMA	CITY FL 32	405			['	33					
					Ţª	34 City			F	85 Zip	Code
		nt, or both, in the S i, and accept the o	state of Florida Such colligations of, Section 6	lorida Statut hange was 517.0503, Fi	les, the ab- authorized orida Statu	ove-name by the co tes.	d corporat poration's	ion submits this statement for s board of directors. I hereby			s registered
SIGNATURE		r printed name of registere	d agent and little if applicable	(NO)	TE: Registered	Agent signatu		ion submits this statement to s board of directors. I hereby hen reinstating)  ADDITIONS/CHANGES TO	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. IITLE	Signature, typed o	r printed name of registere OFFICERS	d agent and little if applicable		E: Registered	Agent signatu		en reinstating)	DATE		DRS IN 12
BIGNATURE  12.  111LE  VAME		r printed name of registere OFFICERS	d agent and little if applicable	(NO)	13, 1.1 Till 1.2 NAI	Agent signatu		en reinstating)	DATE	ND DIRECTO	DRS IN 12
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