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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45252** (6)

1. Corporation Name

DENNIS MINISTRIES, INC.



Principal Place of Business

**2731 SW 89TH PLACE
OCALA FL 34476
US**

Mailing Address

**2731 SW 89TH PLACE
OCALA FL 34476-6680
US**

3. Date Incorporated or Qualified
08/20/1991

3a. Date of Last Report
04/19/1996

4. FEI Number
59-3087775

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**DENNIS, GERALD J.
2731 SW 89TH PLACE
OCALA FL 34476**

10. Name and Address of New Registered Agent

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 re-appointing)

3/12/97

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **DENNIS, GERALD J.**
STREET ADDRESS **2731 SW 89TH PLACE**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ DELETE
NAME **DENNIS, ESMERALDA J.**
STREET ADDRESS **2731 SW 89TH PLACE**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ DELETE
NAME **SHUTE, ELDEN H. JR.**
STREET ADDRESS **8880-A S.W. 94TH STREET**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ DELETE
NAME **MACLEOD, MALCOLM**
STREET ADDRESS **3382 NW 44TH TERR**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☒ DELETE
NAME **TORTORISE, CHARLES**
STREET ADDRESS **1528 39TH RD**
CITY-ST-ZIP **VERO BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **ROBERT HOLMQUIST**
1.4 CITY-ST-ZIP **8771 SW 116TH LANE Rd.
OCALA, FL 34481** ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 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:

ESMERALDA J. DENNIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ESMERALDA J. DENNIS
Date

3/12/97
Day/Time Phone # **352-237-0452**
0065860

CR2E037 (9/96)