# 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:09

DOCUMENT # N45572 (7)

1. Corporation Name
MICHAEL RAY INGE MINISTRIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 19150 GOTTARDE ROAD<br>N. FORT MYERS FL 33917 | 19150 GOTTARDE ROAD<br>N. FORT MYERS FL 33917 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1991
3a. Date of Last Report: 03/23/1994
4. FEI Number: 65-0286276 ☐ 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 P.O. Box 50027 or | 26 PO BOX 50027 |
| 22 Suite, Apt. #, etc. 2308 Barcelona | 27 Suite, Apt. #, etc. |
| 23 City & State Ft Myers, Fl | 28 City & State Ft Myers, FL |
| 24 Zip 33905 25 Country USA | 29 Zip 33905 30 Country USA |

9. Name and Address of Current Registered Agent

INGE, MICHAEL RAY
19150 GOTTARDE ROAD
N. FORT MYERS FL 33917

10. Name and Address of New Registered Agent

81 Name: Lori Renee Inge
82 Street Address (P.O. Box Number is Not Acceptable): 2308 Barcelona
83
84 City: Ft Myers FL 85 Zip Code: 33905

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: Lori Renee Inge LORI RENEE INGE Feb 5, 1995
(Signature, type 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 | ☒ Change ☐ Addition |
| NAME | INGE, MICHAEL RAY | 12 NAME | |
| STREET ADDRESS | 19150 GOTTARDE ROAD | 13 STREET ADDRESS | 2308 Barcelona |
| CITY-ST-ZIP | N FORT MYERS FL | 14 CITY-ST-ZIP | Ft Myers, Fl 33905 |
| TITLE | STD | 21 TITLE | ☒ Change ☐ Addition |
| NAME | INGE, LORI RENEE | 22 NAME | |
| STREET ADDRESS | 19150 GOTTARDE ROAD | 23 STREET ADDRESS | 2308 Barcelona |
| CITY-ST-ZIP | N FORT MYERS FL | 24 CITY-ST-ZIP | Ft Myers, FL 33905 |
| TITLE | VD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | DOW, KENNETH R. | 32 NAME | |
| STREET ADDRESS | 19150 GOTTARDE ROAD | 33 STREET ADDRESS | |
| CITY-ST-ZIP | N FORT MYERS FL | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| 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)(k), 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: Lori Renee Inge LORI RENEE INGE 2/5/95 Daytime Phone # 561 338-6236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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