CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46515 (5)

1. Corporation Name
ALLOS MINISTRIES, INC.

Principal Place of Business: 7831 N.W. 3RD STREET #204, B27 PEMBROKE PINES, FL 33024

Mailing Address: SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/91
3a. Date of Last Report: 1-20-94
4. FEI Number: 650298677 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 7831 N.W. 3RD ST.	26 7831 N.W. 3RD STREET
Suite, Apt. #, etc. 22 #204, B27.	Suite, Apt. #, etc. 27 #204, B27.
City & State 23 PEMBROKE PINES, FL.	City & State 28 PEMBROKE PINES, FL.
Zip 24 33024 Country 25 USA	Zip 29 33024 Country 30 USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORRIS, STEPHEN W. 7831 N.W. 3RD ST #204, B27. PEMBROKE PINES, FL 33024	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 7831 N.W. 3RD STREET 83 #204, B27. 84 City PEMBROKE PINES FL 85 Zip Code 33024

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/T/S	11 TITLE	☒ Change ☐ Addition
NAME	MORRIS, STEPHEN W.	12 NAME	
STREET ADDRESS	7831 N.W. 3RD ST., #204, B27.	13 STREET ADDRESS	7831 N.W. 3RD ST. #204, B27.
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	14 CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	C/D	21 TITLE	☒ Change ☐ Addition
NAME	MORRIS, STEPHEN W.	22 NAME	
STREET ADDRESS	7831 N.W. 3RD ST., #204, B27	23 STREET ADDRESS	7831 N.W. 3RD ST., #204, B27
CITY-ST-ZIP	PEMBROKE PINES, FL 33024.	24 CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HILL, JERRY A.	32 NAME	000001455830
STREET ADDRESS	4660 SANDPIPER BLVD.	33 STREET ADDRESS	-04/13/95--01057--014
CITY-ST-ZIP	HOMESTEAD, FL	34 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	GROOMES, MARLENE	42 NAME	
STREET ADDRESS	9760 S.W. 189TH ST.	43 STREET ADDRESS	9760 S.W. 189TH ST.
CITY-ST-ZIP	MIAMI, FL 33157.	44 CITY-ST-ZIP	MIAMI, FL 33157.
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	4/12/95 MS
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: Stephen W. Morris STEPHEN W. MORRIS 4-7-95 (305) 996-1768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #