## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 24 1997 8:00am

352 - 245 - 1796

Daytime Prione # 0064870

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46550

Principal Place of Business

SIGNATURE:

(2)

Mailing Address

MIKE COYLE MINISTRIES, INC.

8951 S.E. 120TH BELLEVIEW FL		8951 S.E. 120TH PLACE BELLEVIEW FL 34420-5423						
U\$		US			3. Date Incorporated or Qualified 12/19/1991	3a. Dat	e of Last R 04/01/19	eport 196
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 23-7426353			plied For
21		26			23-7420000			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State		City & State		6. Election Campaign Financing		\$5.00		
23		28		Trust Fund Contribution		Added 1		
Zip	Country	Zip	Country	у	8. This corporation has liability for	intangible t	ax under s	. 199.032,
24	25	29 3	0				No	
	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New R	egistered A	gent	
			81	Name				İ
COYLE, MICHAEL E.				Street A	ddress (P.O. Box Number is Not Accepte	ble)		
	. 120TH PLACE	83	<u> </u>					
BELLEVI	EW FL 34420		63	<b>'</b>				
			84	City		FL	<b>85</b> 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		13.		ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	3S IN 12
TITLE	D	☐ DELETE	1.1 TITLE	T			Change	☐ Addition
NAME	COYLE, MICHAEL E.		1.2 NAME					
STREET ADDRESS	8951 S.E. 120TH PLACE		1.3 STREE	T ADDRESS				
CITY - ST - ZIP	BELLEVIEW FL		1.4 CITY-	ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE	1			☐ Change	☐ Addition
NAME	COYLE, JOANNE K.		2.2 NAME					
STREET ADDRESS	8951 S.E. 120TH PLACE		2.3 STREET ADDRESS					
CITY-ST-ZIP	BELLEVIEW FL	The ste	2. 4 CITY				Change .	Addition
TITLE	D	DELETE	3.1 TITLE		,	• •	Change	Addition
NAME	COYLE, TODD M.		3.2 NAME					
STREET ADDRESS	8951 S.E. 120TH PLACE BELLEVIEW FL			T ADDRESS				
CITY-ST-ZIP TITLE	DELLEVIEW FL	☐ DELETE	3.4. CITY -				Change	Addition
NAME		- Deterie	4 2 NAM	- 1				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME	.				
STREET ADDRESS			5.3 STREE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-	-ST-ZIP				
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME	:				
STREET ADDRESS			6.3 STREE	ET ADDRESS				
CITY - ST - ZIP			6.4 CITY-					
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.								