

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -4 AM 10:47

DOCUMENT # N47436

(3)

1. Corporation Name

MARTY COLLIER MINISTRIES, INC.

Principal Place of Business

8501-9 RIDGEWOOD AVENUE
CAPE CANAVERAL FL 32920

Mailing Address

8501-9 RIDGEWOOD AVENUE
CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1992

3a. Date of Last Report

07/15/1994

4. FBI Number

59-3108296

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

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

☐

FILING FEE IS
\$61.25

8. This corporation has liability for intangibility tax under s. 189.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLIER, WILLIAM MARTIN
8501-9 RIDGEWOOD AVENUE
CAPE CANAVERAL FL 32920

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
V	COLLIER, MARY A.	1515 HOLIDAY BLVD	MERRITT ISLAND FL
TD	LINTON, GONA R.	2522 SUWANNEE DR	COCOA FL
SD	BLACK, BRUCE	3750 ATLANTA ST	COCOA FL
PD	COLLIER, WILLIAM M	1515 HOLIDAY BLVD	MERRITT ISLAND FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 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: *William M. Collier* WILLIAM M. COLLIER

7/27/95

1407-783-8029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR