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

APPROVED AND FILED
95 MAY -1 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48344** **(8)**

1. Corporation Name
JON EARGLE MINISTRIES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2546 TITUSVILLE FL 32781-2546	P.O. BOX 2546 TITUSVILLE FL 32781-2546

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 73-1088575 ☐ 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
21 6375 WINDOVER WAY
22 Suite, Apt. #, etc.
23 City & State: TITUSVILLE, FL.
24 Zip: 32780 25 County: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 County

9. Name and Address of Current Registered Agent

EARGLE, CATHIE A.
6839 WINDOVER WAY
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 6375 WINDOVER WAY (CHANGE OF STREET ADDRESS)
83
84 City: SAME FL 85 Zip Code: SAME

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 _____ 4/29/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when manually) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P		11 TITLE	☑ Change ☐ Addition
NAME	EARGLE, JON H		12 NAME	
STREET ADDRESS	6839 WINDOVER WAY		13 STREET ADDRESS	6375 WINDOVER WAY
CITY-ST-ZIP	TITUSVILLE FL 32780	(T)	14 CITY-ST-ZIP	
TITLE	V		21 TITLE	☐ Change ☐ Addition
NAME	GIBSON, FREDIE H		22 NAME	
STREET ADDRESS	3021 SOUTH EAST 86TH PLACE		23 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK 74126	(T)	24 CITY-ST-ZIP	
TITLE	ST		31 TITLE	☑ Change ☐ Addition
NAME	EARGLE, CATHIE A		32 NAME	
STREET ADDRESS	6839 WINDOVER WAY		33 STREET ADDRESS	6375 WINDOVER WAY
CITY-ST-ZIP	TITUSVILLE FL 32780	(T)	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: Jon H. Eargle JON H. EARGLE 4/29/95 (407) 264-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032661