SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Mailing Address	
1436 COUNTRY RIDGE DESOTA TX 75115 US	
	1436 COUNTRY RIDGE DESOTA TX 75115

Sep 04 1997 8:00am Secretary of State

1. Corporatio	WIDE SOULS UNLIMITED	MINISTRIES, INC.				idi Brahi ƙark bahan dian bi	i j (1)(1 (82)	
Principal Plac	e of Business	Mailing Address						
2341 NW 196 ST 1436 COUNTRY RIDGE MIAMI FL 33056 DESOTA TX 75115 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/18/1992 3a. Date of Last Report 06/12/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		olied For	
21		26			65-0301760		Applicable	
Sulte, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 A		
City & State City & State					Election Campaign Financing Trust Fund Contribution	\$5.00 M		
Zip 24	Country 25	Zip 29	Country 30	/	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Currer	n Kegisterea Ağent	81	Name	10. Name and Address of New Reg	Istered Agent		
NODMAN	J EDANCINA				(D. C. D. M			
NORMAN, FRANCINA 2341 NW 198 ST			82	Street Add	dress (P.O. Box Number is Not Acceptable	θ)		
MIAMI FL 33056			83					
			84	City		FL 85 Zip C	ode	
11. Pursuant office or r agent. I a	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 617.1508, Florida Statute of Florida Such change was a ations of, Section 617.0503, Flo	es, the above authorized by rida Statute	e-named cor y the corpora s.	poration submits this statement for the pu ation's board of directors. I hereby accep	urpose of changing its t the appointment as re	registered egistered	
SIGNATURE .	Signature, typed or printed name of registered age	ent and title it applicable (NOTE	Registered Ag	oni signalura regu	vired when reinstaling)	DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS	IN 12	
TITLE	PTD				· -	Change	Addition	
NAME	NORMAN, FRANCINA		1.2 NAME					
STREET ADDRESS CITY-ST-ZIP			1.3 STREE	FADORESS			ļ!	
TITLE			2.1 TITLE	31-2Ir		Change	Addition	
NAME	NORMAN, MICHAEL C		2.2 NAME					
STREET ADDRESS			2.3 STREET	I ADDRESS				
CITY-ST-ZIP			2.4 CITY-	ST-ZIP				
TITLE			3.1 TITLE			Change	☐ AddItion	
NAME Street address	SCALES, ANGELA 5814 N.W. 29TH AVE.		3.2 NAME 3.3 STREET	LADORESS			İ	
CITY-ST-ZIP	MIAMI FL		3.4. CITY-	· I		2 1		
TITLE	110 BW 1 W	DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	r address				
CITY-ST-ZIP		Fil an ese	4.4 CITY - 8	ST-ZIP		T Access	12.00-	
TITLE		DELETE	5.1 TITLE			☐ Change	Addition	
NAME Street Address			5.2 NAME	I ADODESC		1		
			5.3 STREE 5.4 CITY - 3	I ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	oi-zir		☐ Change	Addition	
NAME			6.2 NAME	}				
STREET ADDRESS				T ADDRESS		•		
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP				

14. Ido 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.