1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9200000359

1. Corporation Name

ANTONAS MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

3961-B SW GREENWOOD WAY PALM CITY FL 34990

US

Mailing Address

399 W PALMETTO PK RD #206 BOCA RATON FL 33432

IIS

## FILED Apr 23, 1999 8:00 am § Secretary of State

04-23-1999 90005 043 \*\*\*\*61.25

2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed				
21					11/13/1992				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Applied For			
22	<del>بحد حدد</del> حدد	27			65:037:1736	Not Applicable:			
City & State	9	City & State			5 Continue of Status Desired	3.75 Additional			
23 28					,	Fee Required			
Zip	Country	Zip	Count	У	, , , , , , , , , , , , , , , , , , , ,	5.00 May Be			
24		29	30			Added to Fees			
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	<u> </u>				
			8	Name	Name				
REED, HOWARD S					2 Street Address (P.O. Box Number is Not Acceptable)				
	LMETTO PK RD #206								
	TON FL 33432		. 8	3					
500,			8	4 City	- 85	Zip Code			
	• •		1		FL	'			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the abo	ve-named	corporation submits this statement for the purpose of change	ging its registered			
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was au	tnonzea d	v tnø corpo	oration's board of directors. I hereby accept the appointmen	it as registered			
•		,				ľ			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Ag	ent signature r	required when reinstating) DATE				
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIF				
TITLE	P/D	☐ DELETE	1.1 TITLE			change			
NAME	ANTONAS, ELIAS R		1.2 NAME	:		1			
STREET ADDRESS	3961-B SW GREENWOOD WAY		1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	PALM CITY FL 34990		1.4 CITY-	ST-ZIP					
TITLE	STD	☐ DELETE	2.1 TITLE			Change			
NAME	ANTONAS, PATRICIA R		2.2 NAME	:					
STREET ADDRESS	3961-B SW GREENWOOD WAY		2.3 STRE	ET ADDRESS		.			
CITY-ST-ZIP	PALM CITY FL 34990	<del></del>	2.4 CITY	ST-ZIP		:			
TITLE	V/D	☐ DELETE	3.1 TITLE			Change			
NAME .	JACKSON, RICHARD		3.2 NAM		·				
STREET ADDRESS	RFD #1 ROSE DR	4 - 4	3.3 STRE	ET ADORESS					
CITY-ST-ZIP	MAHOPAC NY 10541		3.4. CITY	·ST·ZIP		]			
TITLE		☐ DELETE	4.1 TITLE		. 🗆	Change Addition			
NAME	·		4. 2 NAM	E					
STREET ADDRESS			4.3 STRE	ET ADDRESS	,	{			
CITY-ST-ZIP			4.4 CITY	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			hange			
NAME :			5.2 NAME			ŀ			
STREET ADDRESS			5.3 STRE	ET ADDRESS		.}			
	•		5.4 CITY	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE			Change			
NAME	,		6.2 NAM						
	, .			ET ADORESS		ļ			
STREET ADDRESS			6.4 CITY		,	Ş			
CITY-ST-ZIP	1		0.4 CHT	UI-ESF	d in Section 119 07/3\/ii\ Florida Statutes   further certify th	at the information			

4. I 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 eath; 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, with all other like empowered.

SIGNATURE:

4/17/79 Date

Døytime Phone #