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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:11

DOCUMENT # N93000000122 (2)

1. Corporation Name
GEORGE AIKEN MINISTRIES, INC.

Principal Place of Business	Mailing Address
2201 S.W. 28TH STREET #15 OKEECHOBEE FL 34974	2201 S.W. 28TH STREET #15 OKEECHOBEE FL 34974

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1993
3a. Date of Last Report: 04/13/1994
4. FEI Number: 65-0385752 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1678 S.E. Chello La.	26 1678 S.E. Chello La.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Port St. Lucie, Fla.	City & State 28 Port St. Lucie, Fla.
Zip 24 34983 Country 25	Zip 29 34983 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 ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AIKEN, GEORGE 2201 S.W. 28TH STREET #15 OKEECHOBEE FL 34974	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1678 S. E. Chello La. 83 Port St. Lucie 84 City Port St. Lucie FL 85 Zip Code 34983

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: George Aiken Pres. George Aiken, President 3-22-95
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	PD	11 TITLE		☒ Change ☐ Addition
NAME	AIKEN, GEORGE	12 NAME		
STREET ADDRESS	2201 S.W. 28TH #15	13 STREET ADDRESS	1678 S. E. Chello La.	
CITY-ST-ZIP	OKEECHOBEE FL	14 CITY-ST-ZIP	Port St. Lucie, Fla. 34983	
TITLE	S	21 TITLE		☒ Change ☐ Addition
NAME	WASSUNG, GEORGE	22 NAME		
STREET ADDRESS	917 NW 4TH STREET	23 STREET ADDRESS	701 S. W. 9th St.	
CITY-ST-ZIP	OKEECHOBEE FL	24 CITY-ST-ZIP	Okeechobee, Fla. 34974	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	WIETSMA, JEANETTE	32 NAME		
STREET ADDRESS	3012 SE 32ND CT.	33 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MCDAINEL, JENNY	42 NAME		
STREET ADDRESS	3141 PRUITT RD.	43 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BEASLEY, IVAN	52 NAME		
STREET ADDRESS	3214 SE 20TH CT.	53 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL	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)(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.

SIGNATURE: George W. Aiken George Aiken, President 3-22-95 407-878-4464 813-763-6972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070187