FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

TITLE

NAME

THILE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-S1-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

ALBERTA INGRAM.

301 CLARK STREET

EATONVILLE FL 32751

DOCUMENT # N9300001317 (7)

R. L. MCLEOD MINISTRIES INC.

R. L. A	MCLEOD MINISTRIES INC.						
Principal Place of Business Mailing Address						98111 08111 08101 (1888 11181 11811 1881 188	
7825 NECTAR DRIVE 7825 NECTAR DRIVE ORLANDO FL 32819-8303 ORLANDO FL 32819-8303			30 3				
					3. Date Incorporated or Qualified	3a. Date of Last Report	
A Dian - 1 D	(1)				03/17/1993	05/01/1995	
21 783	tace of Business L5 Pectar D	2a. Mailing Address	A		4. FEI Number	Applied For	
Surte, Apt.			1500	<u> </u>	59-3197387	Not Applicable	
22		Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 City & Stat	ando, Ola	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip スタ	819 25 Compression	Zip 29	Count 30	ry	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 🗌 No 🖒 O C \ 3 T	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	egistered Agent	
			8	1 Name	some		
	MCLEOD, GEORGIA B			82 Street Address (P.O. Box Number is Not Acceptable)			
	ectar drive		_				
ORLANI	OO FL 32819-8303		8	3			
			i	4 City		FL 85 Zip Code	
	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori th, and accept the obligations of, Sect			-named corpo poration's boa	oration submits this statement for the purp and of directors. I hereby accept the appoi	- 7 - 1 - 1 	
SIGNATURE	Signative: Speed or profestinance of registered agen-		one Facyotered Ag	Hirt Signatute tequin	od what is a stateg	DATE	
12.	OFFICERS AND DIRECTORS		13.			DNS O IANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1 1 TITLE			Change Addition	
NAME	GEORGIA B. MCLEOD,		1.2 NAME		ame		
STREET ADDRESS	7825 NECTAR		13 STRE	ET ADDRESS	190.10		
CITY - ST - ZIP	ORLANDO FL 32819		1.4 CITY -	ST-ZIP			
TITLE	VPSD	DELETE	2 1 TIFLE		<u> </u>	Change Addition	
NAME	REMOSSIVE SCURRY,		2.2 NAME				
STREET ADDRESS	7819 NECTAR DRIVE		2.3 STREE	I ADDRESS			
CHTY - ST - ZIP	ORLANDO FL 32819-8303		2 4 CITY	-SI-ZIP			

DELETE

DELETE

DELETE

DELETE

14. Ido 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 applicable in Report 1. The receiver of the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name

3.1 TITLE

3.2 NAME

4.1 TITLE

4 2 NAME

5 1 TITLE

5.2 NAME

6.1 TIFLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

54 CITY-ST-ZIP

4.4 CITY - ST - ZIP

34 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND VIEW OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 (407) 345-07/3

(12/95)

CR2E037

Change

Change

Change

Change

Add tion

Addition

Addition

Addit on