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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 20 1997 8:00am Secretary of State

1. Corporation Name R. L. MCLEOD MINISTRIES INC. Principal Place of Business Mailing Address 7825 NECTAR DRIVE ORLANDO FL 32819-8303 ORLANDO FL 32819-8303					3. Date Incorporated or Qualified 3a. Date of Last Report			
					03/17/1993	0	4/19/19	
	ace of Business	2a. Mailing Address	•		4. FEI Number 59-3197387			oplied For of Applicable
Suite, Apt.		Suite, Apt. #, etc.		······································	5. Certificate of Status Desired		\$8.75	Additional
City & State		City & State						equired
3	,	28			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Coun	itry	8. This corporation has flability for			. 199.032,
4	9. Name and Address of Currer	29 ant Begintered Agent	30		Florida Statutes 10. Name and Address of New Re	Yes		
	9. Name and Address of Curre	ur Heðisteled Wögur		81 Name	`	ağısısısı vi	Lailt	
MCLEOD), GEORGIA B		-	82 Street Add	dress (P.O. Box Number is Not Acceptal	blo		·····
7825 NECTAR DRIVE			<u>[</u>	STIEST AU	oress (F.O. pox Number is 1401 Acceptar	DI e)		
ORLAND	O FL 32819-8303		7	83				
			l i	94 City			85 Zip	Code
						FL		
 Pursuant to office or re 	to the provisions of Sections 617.050 egistered agent, or both, in the State	02 and 617.1508, Florida State of Florida. Such change wa	utes, the abo s authorized	ove-named cor by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce		hanging I	ts registered registered
SIGNATURE	to the provisions of Sections 617.056 agistered agent, or both, in the State in familiar with, and accept the oblig				proporation submits this statement for the ation's board of directors. I hereby acce		hanging l ntment as	ts registered registered
SIGNATURE _	Signature Typed or printed name of registered ap	ent and title if applicable, (N ID DIRECTORS	OTE: Registered ,	Agent signature req		purpose of copt the appoint	DIRECTOR	RS IN 12
SIGNATURE _ 12. TITLE	Signature Typed or printed name of registered ap OFFICERS AN	ent and title if applicable. (N	OTE: Registered ,	Agent signature requ	u/red when reinstating)	purpose of copt the appoint		RS IN 12
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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.