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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:34

DOCUMENT # N93000002336 (6)

1. Corporation Name

MATLACK SPECIALIZED-CREATIVE MINISTRIES CORP.

Principal Place of Business	Mailing Address
8104 VALLEY STREAM LANE BAYONET PT. FL 34667	P.O. BOX 5216 HUDSON FL 34674

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1993
3a. Date of Last Report: 10/19/1994
4. FEI Number: 59-3252705 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

EDDY, WALTER B
10600 LABURNAM DR.
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	RICKETSON, ROBERT M SR.	12 NAME	
STREET ADDRESS	8104 VALLEY STREAM LANE	13 STREET ADDRESS	
CITY-ST-ZIP	BAYONET PT. FL 34667	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	WOEHR, JACK	22 NAME	
STREET ADDRESS	10611 UNION DR.	23 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	ROTHMEIER, CHARLOTTE L	32 NAME	
STREET ADDRESS	7535 ANDREWS AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	HILL, CHERRY	42 NAME	
STREET ADDRESS	P.O. BOX 5216 NA	43 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	Walter Eddy, B. = DIRECTOR ☑ Change ☐ Addition
NAME	EDDY, WALTER B (Current address)	52 NAME	
STREET ADDRESS	7625 JUDITH CRESCENT	53 STREET ADDRESS	> change to 7625 Judith Crescent
CITY-ST-ZIP	PORT RICHEY, FL. 346684	54 CITY-ST-ZIP	Port Richey, FL 34668
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)(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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Feb. 20, 1995 813-863-3151
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

000075