

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002615 (3)**

1. Corporation Name

**THE FUTURE IS NOW, MINISTRIES, INC.**



Principal Place of Business <b>2060 KELLER SPRINGS #716 CARROLLTON TX 75006 US</b>	Mailing Address <b>P.O BOX 112237 CARROLLTON TX 75011-2237 US</b>
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3. Date Incorporated or Qualified

**06/04/1993**

4. FEI Number

**75-2513761**

Applied For

Not Applicable

2. Principal Place of Business

**21 4918 Laventana Cir**

Suite, Apt. #, etc.

**22**

City & State

**23 Pensacola FL**

Zip

**24 32526**

Country

**25 USA**

2a. Mailing Address

**26 4918 Laventana Cir**

Suite, Apt. #, etc.

**27**

City & State

**28 Pensacola FL**

Zip

**29 32526**

Country

**30 USA**

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CRAIG, BILLY G  
4918 LAVENTANA CIR  
PENSACOLA FL 32526**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDC** ☐ DELETE

NAME **CRAIG, MARK ALAN**  
STREET ADDRESS **2050 KELLER SPRINGS, #716**  
CITY-ST-ZIP **CARROLLTON TX**

TITLE **VPD** ☐ DELETE

NAME **CRAIG, BILLY G**  
STREET ADDRESS **4918 LAVENTANA CIR**  
CITY-ST-ZIP **PENSACOLA TX**

TITLE **STD** ☐ DELETE

NAME **ODOM, SENDI CRAIG**  
STREET ADDRESS **4918 LAVENTANA CIR**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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: **MARK ALAN CRAIG**

**04-08-98**

**214-371-7858**

CR2E037 (10/97)