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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 30 AM 10:50

DOCUMENT # **N93000002957 (9)**

1. Corporation Name
LAURA KEHRES MINISTRIES INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4521 PGA BLVD. BOX 240 PALM BCH. GARDENS FL 33418 US	4521 PGA BLVD. BOX 240 PALM BCH. GARDENS FL 33418 US

3. Date Incorporated or Qualified: 06/25/1993
3a. Date of Last Report: 07/01/1994
4. FEI Number: 65-0424625 ☐ 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
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CIOFFI, JAMES A SUITE 200 250 TEQUESTA DR. TEQUESTA FL 33469	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 _____ (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	P	11 TITLE	president, director (D)	☒ Change ☐ Addition
NAME	KEHRES, LAURA	12 NAME		
STREET ADDRESS	8201 CHAPMAN OAK CT	13 STREET ADDRESS		
CITY ST ZIP	PALM BEACH GARDENS FL	14 CITY ST ZIP		
TITLE	S	21 TITLE	secretary, director (D)	☒ Change ☐ Addition
NAME	MARTIN, DANA	22 NAME		
STREET ADDRESS	819 N. LAKESIDE DR.	23 STREET ADDRESS		
CITY ST ZIP	LAKE WORTH FL	24 CITY ST ZIP		
TITLE	T	31 TITLE	Treasurer, Director (D)	☒ Change ☐ Addition
NAME	COLLINS, ROSALYN	32 NAME		
STREET ADDRESS	14982 C. RD.	33 STREET ADDRESS	909 Northern Dr,	
CITY ST ZIP	LOXAHATCHEE FL	34 CITY ST ZIP	Lake Park, FL 33403	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		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: Laura Kehres 3-12-95 (407)694-5079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011003