

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002963 (7)

1. Corporation Name

BOB SMITH MINISTRIES, INC.



Principal Place of Business

5304 BOCA MARINA CIRCLE NORTH
BOCA RATON FL 33487

Mailing Address

5304 BOCA MARINA CIRCLE N
BOCA RATON FL 33487

3. Date Incorporated or Qualified
07/02/1993

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 4199 N Dixie Hwy
Suite, Apt. #, etc.

26 4199 N Dixie Hwy
Suite, Apt. #, etc.

22 Suite 2
City & State

27 Suite 2
City & State

23 Boca Raton FL
Zip Country

28 Boca Raton FL
Zip Country

24 33431

25

29 33431

30

9. Name and Address of Current Registered Agent

SMITH, BOB
5304 BOCA MARINA CIRCLE NORTH
PALM BEACH FL 33487

4. FEI Number
74-2665098

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

(New Address)

81 Name Smith Bob
82 Street Address (P.O. Box Number is Not Acceptable)
904 Palm Ave
83
84 City Boca Raton FL 85 Zip Code 33432

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

Bob Smith President

(NOTE: Registered Agent signature required when reinstating)

3-4-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, BOB	
STREET ADDRESS	5304 BOCA MARINA-CIRCLE N.	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAINICK, KELLY	
STREET ADDRESS	9305 E. 64 ST. S. #C	
CITY-ST-ZIP	TULSA OK 74133	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DUININICK, PATTIE	
STREET ADDRESS	P.O. BOX 54798	
CITY-ST-ZIP	TULSA OK 74155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

Bob Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-96
Date

Daytime Phone #

CR2E037 (12/95)