FILE NOW: FILING FEE AFTER MAY 1 IS $ 55.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N93000003184

1. Corporation Name

MARS HILL MINISTRIES, INC

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/9/93
3a. Date of Last Report: 4/94
4. FEI Number: 65 0426212 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5151 COLLINS AVE	26 5151 COLLINS AVE
22 Suite, Apt. #, etc. #828	27 Suite, Apt. #, etc. 828
23 City & State MIAMI BCH, FL	28 City & State MIAMI BCH, FL
24 Zip 33140 25 County USA	29 Zip 33140 30 County USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBERT FOUNTAIN 1881 WASHINGTON AVE #6-G MIAMI BCH, FL 33139	81 Name: ROBERT FOUNTAIN 82 Street Address (P.O. Box Number is Not Acceptable): 5151 COLLINS AVE 83 APT 828 84 City: MIAMI BEACH FL 85 Zip Code: 33140

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] 4/15/95
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	PRES	11 TITLE	D ☒ Change ☐ Addition
NAME	ROBERT FOUNT	12 NAME	ROBERT FOUNTAIN
STREET ADDRESS		13 STREET ADDRESS	5151 COLLINS AVE, #828
CITY-ST-ZIP		14 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE		21 TITLE	D ☒ Change ☐ Addition
NAME		22 NAME	BRIAN STEPHENS
STREET ADDRESS		23 STREET ADDRESS	5353 COLLINS AVE #12-F
CITY-ST-ZIP		24 CITY-ST-ZIP	MIAMI BCH, FL 33140
TITLE		31 TITLE	D ☐ Change ☒ Addition
NAME		32 NAME	ANNA PANARO
STREET ADDRESS		33 STREET ADDRESS	421 WASHINGTON AVE
CITY-ST-ZIP		34 CITY-ST-ZIP	MIAMI BCH, FL 33139
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	200001493212
STREET ADDRESS		43 STREET ADDRESS	-05/18/95--01028--017
CITY-ST-ZIP		44 CITY-ST-ZIP	*****61.25 ☐ Change ☐ Addition
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS	5/1/95 NB	53 STREET ADDRESS	REMITTED BY MAY 1
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)(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] ROBERT FOUNTAIN 4/15/95 (305) 531-2730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #