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

APPROVED AND FILED

95 MAR 10 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003314 (2)

1. Corporation Name

KURT OWEN MINISTRIES, INC.

Principal Place of Business	Mailing Address
6101 FT. PIERCE BLVD. FT. PIERCE FL 34952	POST OFFICE BOX 3324 FT. PIERCE FL 34948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1993
3a. Date of Last Report: 08/11/1994
4. FEI Number: 65045119 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26 P.O. Box 3286		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status Applied For ☑	$68.75 Supplemental Fee Not Required
23	28 Ft. Pierce, FL		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 34948 / 30		

9. Name and Address of Current Registered Agent

OWEN, KURT
6101 FT. PIERCE BLVD.
FT. PIERCE FL 34952

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	OWEN, KURT	1.2 NAME	
STREET ADDRESS	6101 FT. PIERCE BLVD.	1.3 STREET ADDRESS	800001428118
CITY-ST-ZIP	FT. PIERCE FL 34952	1.4 CITY-ST-ZIP	-03/13/95--01062--008 *****61.25 *****61.25
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, MARK	2.2 NAME	
STREET ADDRESS	P.O. BOX 311 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN SPRINGS GA 30639	2.4 CITY-ST-ZIP	
TITLE	DVST	3.1 TITLE	☐ Change ☐ Addition
NAME	OWEN, TARA	3.2 NAME	
STREET ADDRESS	6101 FT. PIERCE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34952	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ZIEGLER, JOHN	4.2 NAME	
STREET ADDRESS	P.O. BOX 162981 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX 76161	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LEIPHON, STAN	5.2 NAME	
STREET ADDRESS	P.O. BOX 3324 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34948	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Tara Owen 2/28/95 (407) 595-0334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000007