

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003314 (2)

1. Corporation Name

KURT OWEN MINISTRIES, INC.



Principal Place of Business

6101 FT. PIERCE BLVD.
FT. PIERCE FL 34952

Mailing Address

P.O. BOX 3286
FT. PIERCE FL 34948

3. Date Incorporated or Qualified
07/22/1993

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21 6360 Oleander Ave

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ft. Pierce, FL

28 Zip

24 34982

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6360 Oleander Ave.

83

84 City

Ft. Pierce

FL

85 Zip Code

34982

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 DP
NAME OWEN, KURT
STREET ADDRESS 6101 FT. PIERCE BLVD.
CITY - ST - ZIP FT. PIERCE FL 34952 ☐ DELETE

TITLE D
NAME COLLINS, MARK
STREET ADDRESS P.O. BOX 311 N/A
CITY - ST - ZIP FRANKLIN SPRINGS GA 30639 ☒ DELETE

TITLE DVST
NAME OWEN, TARA
STREET ADDRESS 6101 FT. PIERCE BLVD.
CITY - ST - ZIP FT. PIERCE FL 34952 ☐ DELETE

TITLE D
NAME ZIEGLER, JOHN
STREET ADDRESS P.O. BOX 162981 N/A
CITY - ST - ZIP FT. WORTH TX 76161 ☐ DELETE

TITLE D
NAME LEIPHON, STAN
STREET ADDRESS P.O. BOX 3324 N/A
CITY - ST - ZIP FT. PIERCE FL 34948 ☐ DELETE

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 6360 Oleander Ave.
1.4 CITY - ST - ZIP Ft. Pierce, FL 34982 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE DST ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 6360 Oleander Ave.
3.4 CITY - ST - ZIP Ft. Pierce FL 34982 ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 500001872385
4.4 CITY - ST - ZIP -06/24/96--01018--002
***61.25

5.1 TITLE DV ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 5621 N. Donald Ave.
5.4 CITY - ST - ZIP Oklahoma City, OK 73122 ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 26, 1996 (407) 595-0334
Date Daytime Phone #

CR2E037 (12/95)