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FILED
Jun 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003314 (2)**

1. Corporation Name

KURT OWEN MINISTRIES, INC.

Principal Place of Business

**6360 OLEANDER AVE.
FT. PIERCE FL 34982**

Mailing Address

**P.O. BOX 3286
FT. PIERCE FL 34948**

3. Date Incorporated or Qualified

07/22/1993

4. FEI Number

650451199

Applied For

Not Applicable

2. Principal Place of Business

21 3514 Okeechobee Road

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23 Ft Pierce, FL

City & State

28

Zip

24

Country

25 USA

Zip

29

Country

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OWEN, KURT
6360 OLEANDER AVE.
FT. PIERCE FL 34982**

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE

NAME **OWEN, KURT**
STREET ADDRESS **6360 OLEANDER AVE.**
CITY-ST-ZIP **FT. PIERCE FL 34982**

11 TITLE **N/A** ☐ Change ☐ Addition

TITLE **DST** ☐ DELETE

NAME **OWEN, TARA**
STREET ADDRESS **6360 OLEANDER AVE.**
CITY-ST-ZIP **FT. PIERCE FL 34982**

12 NAME **N/A** ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

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

13 TITLE **D** ☒ Change ☐ Addition

TITLE **DV** ☒ DELETE

NAME **LEIPHON, STAN**
STREET ADDRESS **6621 N. DONALD AVE**
CITY-ST-ZIP **OKLAHOMA CITY OK 73122**

14 NAME **N/A** ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

15 TITLE **D** ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

16 NAME **N/A** ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE

Kurt Owen

11-22-98

FL-1 FEE-12311

CR2E037 (10/97)