

**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 # N93000003379 (5)**

1. Corporation Name

**MARY CRAIG MINISTRIES, INC.**



Principal Place of Business

5991 NORTHEAST 18TH TERRACE  
FORT LAUDERDALE FL 33308

Mailing Address

5991 NORTHEAST 18TH TERRACE  
FORT LAUDERDALE FL 33308

3. Date Incorporated or Qualified  
**07/22/1993**

3a. Date of Last Report  
**03/28/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0429517**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

**CRAIG, W J  
5991 NORTHEAST 18TH TERRACE  
FORT LAUDERDALE FL 33308**

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

*Walter J. Craig*

**W. J. CRAIG**

**1/24/96**

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAIG, MARY</b>	
STREET ADDRESS	<b>5991 NORTHEAST 18TH TERRACE</b>	
CITY - ST - ZIP	<b>FORT LAUDERDALE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAIG, JAMES</b>	
STREET ADDRESS	<b>5991 NORTHEAST 18TH TERRACE</b>	
CITY - ST - ZIP	<b>FORT LAUDERDALE FL 33308</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAIG, JOANNA L</b>	
STREET ADDRESS	<b>5991 NORTHEAST 18TH TERRACE</b>	
CITY - ST - ZIP	<b>FORT LAUDERDALE FL 33308</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BUCKBEE, GILBERT</b>	
STREET ADDRESS	<b>3007 N.E. CENTER AVE.</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL 33308</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MATHIS, HOWARD</b>	
STREET ADDRESS	<b>3923 NW 55 ST</b>	
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MATHIS, ELAINE</b>	
STREET ADDRESS	<b>3923 N W 55 ST</b>	
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Carl Hulett</b>
STREET ADDRESS	<b>4741 NE 15 Terrace</b>
CITY - ST - ZIP	<b>Pompano Bch, FL 33064</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Deborah Dvorak</b>
STREET ADDRESS	<b>1816 E. Oakland, #60</b>
CITY - ST - ZIP	<b>Ft. Lauderdale, FL 33306</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jackie Collins</b>
STREET ADDRESS	<b>3620 NW 44 Avenue</b>
CITY - ST - ZIP	<b>Lauderdale Lakes, FL 33319</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Deborah Toth</b>
STREET ADDRESS	<b>5920 NW 96 Drive</b>
CITY - ST - ZIP	<b>Parkland, FL 33076</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Treasurer</b>
STREET ADDRESS	<b>Wanda Barlow, CPA.</b>
CITY - ST - ZIP	<b>8246 NW 16 St. Coral Springs, FL 33071</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Secretary</b>
STREET ADDRESS	<b>Donna Lambertus</b>
CITY - ST - ZIP	<b>2306 Cypress Bend Dr, #119 Pompano Bch, FL 33069</b>

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:

*Walter J. Craig*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/96**

DATE

**(954) 491-7270**

DAY/TIME PHONE #

or **(954) 491-3800**

CR2E037 (12/95)