

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
4. FEI Number: 65-0429517
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 ?

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
**CRAIG, W J
5991 NORTHEAST 18TH TERRACE
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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* U. J. CRAIG 1/24/96
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Carl Hulette	
1.3 STREET ADDRESS	4741 NE 15 Terrace	
1.4 CITY - ST - ZIP	Pompano Bch, FL 33064	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Deborah Dvorak	
2.3 STREET ADDRESS	1816 E. Oakland, #60	
2.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33306	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jackie Collins	
3.3 STREET ADDRESS	3620 NW 44 Avenue	
3.4 CITY - ST - ZIP	Lauderdale Lakes, FL 33319	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Deborah Toth	
4.3 STREET ADDRESS	5920 NW 96 Drive	
4.4 CITY - ST - ZIP	Parkland, FL 33076	
5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wanda Barlow, CPA.	
5.3 STREET ADDRESS	8246 NW 16 St.	
5.4 CITY - ST - ZIP	Coral Springs, FL 33071	
6.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Donna Lambertus	
6.3 STREET ADDRESS	2306 Cypress Bend Dr, #119	
6.4 CITY - ST - ZIP	Pompano Bch, FL 33069	

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* P 2005 1/24/96 (954) 491-7270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #
or (954) 491-3800

CR2E037 (12/95)