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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
5991 NORTHEAST 18TH TERRACE 5991 NORTHEAST 18TH TERRACE
FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308-2103

3. Date Incorporated or Qualified 07/22/1993 3a. Date of Last Report 01/31/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0429517 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
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
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 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* Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Walter J. CRAIG 1-8-97 DATE

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include CRAIG, MARY; CRAIG, JAMES; CRAIG, JOANNA L; TOTH, DEBORAH; BARLOW, WANDA CPA; LAMBERTUS, DONNA.

Table with 2 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows include Director Deborah Dvorak; Collins, JACKIE; COX, BYRON; COX, Stacy.

14. I do 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, or on an attachment with an address.

SIGNATURE: *Walter J. Craig Pres.* 1/8/97 or 954-491-7270 or 954-491-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: WALTER J. CRAIG Date Daytime Phone # 0034283

CR2E037 (9/96)