## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1997

CITY-ST-ZIP

POMPANO BEACH FL



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 27 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N93000003379 (5)

MARY CRAIG MINISTRIES, INC.

Principal Place of Business Mailing Address					·-··		
5991 NORTHEAS FORT LAUDERD	ST 18TH TERRACE NALE FL 33308		THEAST 18TH TE DERDALE FL 333				
						3. Date Incorporated or Qualified 07/22/1993	3a. Date of Last Report 01/31/1996
2. Principal Pl	lace of Business	2a. Mailın	g Address			4. FEI Number 65-0429517	Applied For Not Applicable
Suite, Apt.	#, etc		Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City &	State			6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip		Country		8. This corporation has liability for	intangible tax under s. 199.032,  Yes No
24	25 25 9. Name and Address of Currer	29  ht Registered A		30		Florida Statutes L  10. Name and Address of New Re	
	g. Halle alla Addices di Califor	n noglototou r		81	Name		
CRAIG, V	W.I			-	Discount A	ddraga (D.O. Barrish Nathania Nat Assanta	
5991 NORTHEAST 18TH TERRACE			82	Street A	ddress (P.O. Box Number is Not Acceptal	ole)	
	AUDERDALE FL 33308			83			
				84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.150	8, Florida Statute	es, the above	e-named c	orporation submits this statement for the	ourpose of changing its registered
office or ragent. La	egistered agent, or both, in the State im familiar with, and accept the oblig	⊢er Florida. Suc ations of, Secti	on change was a on 617.0503, Fic	iutnorized by orida Statute:	r the corpo S.	pration's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE J	. / / / / / / / / / /	مرمد		Wal	iter	J. CRAIG	<del>/-8-97</del>
	Signature, typind or printed name of registered ag-	ent and title if applica	tble. {NOTI		ent signature re	equired when reinstating)  ADDITIONS/GHANGES TO OFFI	DATE CEDS AND DIRECTORS IN 12
12.	OFFIGERS AN	ID DIRECTORS	DELETE	13.		Director.	Change Addition
NAME	CRAIG, MARY		_ June 1	1.2 NAME		Deberah Dyora	La
STREET ADDRESS	5991 NORTHEAST 18TH TER	RACE		1.3 STREET	ADDRESS	2749 N.E. 33	7557+E
CITY-ST-ZIP	FORT LAUDERDALE FL			1.4 CITY-5		Ft. Lauderdale, F	L33306
TITLE	PD		DELETE	2.1 TITLE		<b>D</b>	☐ Change ☐ Addition
NAME	CRAIG, JAMES			2.2 NAME		collins, JACK	
STREET ADDRESS	5991 NORTHEAST 18TH TER			2.3 STREET	ADDRESS	3836 S.W. 176	Terrace
CITY-S1-ZIP	FORT LAUDERDALE FL 3330	8		2. 4 CITY-	ST-ZIP		33029
TITLE	VD		☐ DELETE	3.1 TITLE		D	Change Addition
NAME	CRAIG, JOANNA L	DACE		3.2 NAME		COX, BY RON	street
STREET ADDRESS	5991 NORTHEAST 18TH TER FORT LAUDERDALE FL 3330				ADDRESS	3355 N.W. 60	CI 33309
CITY-ST-ZIP	D D	<u> </u>	DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP	Ft . Fond & Ladis	Change Addition
TITLE	TOTH, DEBORAH		_ beach	4.1 HILE 4. 2 NAME		D STACE	
NAME STREET ADDRESS	5920 NW 96 DRIVE				r address	COX, STACY	Street
CITY-ST-ZIP	PARKLAND FL			4.4 CiTY-1	- 1	Ft. Lauderdale,	FL 33309
TITLE	1		DELETE	5.1 TITLE			Change Addition
NAME	BARLOW, WANDA CPA			5.2 NAME			
STREET ADDRESS	8246 NW 16 STREET				T ADDRESS		
City-St-ZIP	CORAL SPRINGS FL			5.4 CITY-			
TITLE	\$		DELETE	6.1 TITLE			Change Addition
NAME	LAMBERTUS, DONNA			6.2 NAME			
STREET ADDRESS	2306 CYPRESS BEND DRIVE	, 119		6.3 STREE	T ADDRESS		

6.4 CITY-ST-ZIP

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 or an attachment with an address.