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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004778 (7)**

1. Corporation Name

ZEPHYRHILLS MINISTERIAL ASSOCIATION, INC.



Principal Place of Business P.O. BOX 1363 ZEPHYRHILLS FL 33539	Mailing Address P.O. BOX 1363 ZEPHYRHILLS FL 33539-1363
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3. Date Incorporated or Qualified 10/21/1993	3a. Date of Last Report 02/28/1996
4. FEI Number 59-3222167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
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9. Name and Address of Current Registered Agent HARPER, TERRELL L. 6040 8TH STREET ZEPHYRHILLS FL 33540	10. Name and Address of New Registered Agent 81 Name CRAIG FORD 82 Street Address (P.O. Box Number is Not Acceptable) 38636 FIFTH AVE 83 84 City ZEPHYRHILLS FL 85 Zip Code 33540
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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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VP-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, A.C.	1.2 NAME	BRYANT, A.C.
STREET ADDRESS	33425 STATE ROAD 54 WEST	1.3 STREET ADDRESS	23425 STATE RD 54 WEST
CITY-ST-ZIP	ZEPHYRHILLS FL	1.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33543-9169
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARPER, TERRELL L	2.2 NAME	FORD, CRAIG
STREET ADDRESS	6040 8TH ST	2.3 STREET ADDRESS	38636 FIFTH AVE
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	2.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	S-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, CHUCK	3.2 NAME	HUGHES, CHUCK
STREET ADDRESS	6251 FT KING ROAD	3.3 STREET ADDRESS	6251 FT KING RD
CITY-ST-ZIP	ZEPHYRHILLS FL	3.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33541
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODGERS, RON	4.2 NAME	YATES, ROBERT G.
STREET ADDRESS	P.O. BOX 173	4.3 STREET ADDRESS	5855 SIXTEENTH ST
CITY-ST-ZIP	ZEPHYRHILLS FL	4.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: *[Signature]* **ROBERT G. YATES** FEB 10, 1997 (813) 782-1202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045718

CR2E037 (9/96)