FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300005109 (4)

EVANGELISTIC MINISTRIES INCORPORATED

May 11 1998 8:00am Secretary of State

		•			
Principal Place of Business		Mailing Address			I INDIVISIO DIA PAIND ININI DRAIF DONI BRIER DRAIN DONDI DILEF INDIN DRAID LOTI FODDI
5231 NW 12 COURT		5231 NW 12 CT.			3. Date Incorporated or Qualified
LAUDERHILL FL US	. 33313	LAUDERHILL FL 33313 US			11/15/1993
03		00			4. FEI Number Applied For 85-0454467 Not Applicable
2. Principal P	lace of Business	2a. Mailing Address			CT CO TE Additional
21 530	^ 11	26	_		6. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Stat	°.1.// E)	City & State			7. Is this nonprofit corporation a homeowners association?
23 1-11106	ervice, FL	28			☐ Yes 🕡 No
zip 24 33.3	13 25 11.5.A.	Zip 34	Country	•	8. This corporation owes or has paid the current year intengible Personal Property Tax due June 30. Yes Who
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
			81	Name	e
SMITH, JAMES				Street	et Address (P.O. Box Number is Not Acceptable)
5300 NW 17 CT				<u> </u>	
LAUDER	HILL FL 33313		83	İ	
			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the above	e-named	ad corporation submits this statement for the nurpose 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 arrylamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE .	Stylidate, typed or printed hame of regulared agen	and title if applicable. (NOTE: F	tegistered Age	ent eignature	ure required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCEO	DELETE	1.1 TITLE		PCFO Change Change
NAME	WILLIAMS, JOHN		1.2 NAME		CAtherine SMILLY
STREET ADDRESS	5231 NW 12 CT.			ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL		1.4 CITY - S	T-ZIP	Lauderhill, FL 33313
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCDONALD, VEDA		2.2 NAME		n 1
STREET ADDRESS	3820 JACKSON BLVD.		2.3 STREET		\$
CITY-ST-ZIP	FT. LAUDERDALE FL	T Delete	2. 4 CITY-	ST-ZIP	Change Addition
TITLE	CD	☐ DELETE	3.1 TITLE		Change Addition
NAME	SMITH, JAMES		3.2 NAME		
STREET ADDRESS	5300 NW 17 CT		3.3 STREET		·
CITY-ST-ZIP	LAUDERHILL FL	DELETE	3.4. CITY -:	ST - ZIP	Change Addition
TITLE	SD CAUTY	CJ DELETE	4.1 TITLE		E Change E Account
NAME	FLETON, CAHTY		4. 2 NAME	4000000	,
STREET ADDRESS	2861 NW 12 ST., #2 FT. Lauderdale Fl		4.3 STREET		'
CITY-ST-ZIP TITLE	SD SD	DELETE	4.4 CITY - S 5.1 TITLE	11-ZIP	☐ Change ☐ Addition
NAME	FELTON, CAHTY		5.2 NAME		
STREET ADDRESS	2861 N.W. 12 ST., #2		5.3 STREET	ADDRESS	s
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY - S		´[
TITLE	I I DAVDENDAGE I C	☐ DELETE	6.1 TITLE	1 - TIL	Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET	223900A	s
DIRECT ALUMESS			O.B OTHER	- ADDITION	'

14. I 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 a statechment with an address.

SIGNATURE: