

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

MAY 11 1993

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N93000005257 (1)
 1. Corporation Name
LAST DAYS MINISTRIES, INC.

Principal Place of Business Mailing Address
410 BASSADENA CIRCLE LAKELAND FL 33805 **410 BASSADENA CIRCLE LAKELAND FL 33805**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/19/1993** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **NOT APPLICABLE** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. zip 28. Country 29. zip 30. Country

9. Name and Address of Current Registered Agent

HINTON, WILLIE
410 BASSADENA CIRCLE
LAKELAND FL 33805

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 **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTON, WILLIE	12 NAME	
STREET ADDRESS	410 BASSADENA CIRCLE	13 STREET ADDRESS	
CITY, ST, ZIP	LAKELAND FL 33805	14 CITY, ST, ZIP	
TITLE	DV	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, CHARLES	22 NAME	
STREET ADDRESS	1200 SHERWOOD OAK	23 STREET ADDRESS	
CITY, ST, ZIP	LAKELAND FL 33805	24 CITY, ST, ZIP	
TITLE	DS	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, RANDY	32 NAME	
STREET ADDRESS	410 BASSADENA CIRCLE	33 STREET ADDRESS	
CITY, ST, ZIP	LAKELAND FL 33805	34 CITY, ST, ZIP	
TITLE	DT	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTON, GERALDINE	42 NAME	HINTON, JERELEN
STREET ADDRESS	410 BASSADENA CIRCLE	43 STREET ADDRESS	
CITY, ST, ZIP	LAKELAND FL 33805	44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

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)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: WILLIE HINTON 5/5/95 813-688-3355
 HINTON AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER