FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # No. 1. Corporation Name

2. Principal Place of Business

21

N93000005257 (1)

2a. Mailing Address

William Harrison 1111

26

LAST DAYS MINISTRIES, INC.

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

FILED May 15 1997 8:00am Secretary of State



3a. Date of Last Report 04/22/1996

941-680-4110

Applied For

Not Applicable

3. Date Incorporated or Qualified 11/19/1993

4. FEI Number APPLICABLE

22	Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required				
City 8	State	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			May Be
23		28				Trust Fund Contribution Added to Fe			o Fees
— Zip	Country	Zip	Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30		30	<u> </u>			Yes L		
	9. Name and Address of Current	Registered Agent		81		10. Name and Address of New Ro	egistered A	gent	
			· ' '	91	Name				
HINTON, WILLIE 410 BASSADENA CIRCLE					Street Address (P.O. Box Number is Not Acceptable)				
					83				
LA	(ELAND FL 33805		<u>'</u> '	83					
			ħ	B4	City		F=1	85 Zip (Code
44.5	10.00			_			FL	Ц.,	
11. Purs	uant to the provisions of Sections 617,0502 e or registered agent, or both, in the State ont. I am familiar with, and accept the obligat	and 617.1508, Florida Statute of Florida. Such change was a	es, the ab authorized	ove by	-named corpo the corporatio	pration submits this statement for the on's board of directors. I hereby acce	purpose of of the appo	changing it sintment as	s registered registered
age	nt. I am familiar with, and accept the obligat	tions of, Section 617.0503, Flo	orida Statu	ıtes		· · · · · · · · · · · · · · · · · · ·			
SIGNATI	JRE Signature, typed or printed name of registered agent		- B	•			DATE		
12.	OFFICERS AND	Ager	nt signature require	ADDITIONS/CHANGES TO OFF		DIRECTOR	85 IN 19		
TITLE	DP					ADDITIONS/OFFANGES TO OFF	OL ITO AINLY	Change	Addition
NAME	I = 1	A SEA AND MARK A SERVICE AND		1.2 NAME					
STREET ADD				1.3 STREET ADDRESS					
CITY-ST-ZI	LAUTHAND TI ACCO		1.4 CITY-ST		1				
TITLE		DV DELETE		2.1 TITLE				Change	Addition
NAME	GIBSON, CHARLES			2.2 NAME					
STREET ADD	AAAA ALIMMAKAAN AALI		2 3 STREET ADDRESS		ADDRESS				
CITY-ST-Z	LAUPLANID PL ASSAC	LAMPIAND PLAGGE		2. 4 CITY-ST-ZIP					
TITLE	DS	DELETE	3.1 TITLE					Change	☐ Addition
NAME	GIBSON, RANDY		3.2 NAM						
STREET ADD	RESS 410 BASSADENA CIRCLE		3.3 STR		ADDRESS				
CITY-ST-2	LAKELAND FL 33805		3.4. CITY-ST-ZIP		37 - ZIP				
TITLE	DT			4.1 TITLE				Change	☐ Addition
NAME	HINTON, JERELEN		4 2 NAME						
STREET ADE			4.3 \$TF	REET.	ADDRESS				
CITY-S1-Z	LAKELAND FL	LAKELAND FL 4.6		Y-\$1	1 - ZIP				
TITLE		☐ DELETE	5.1 TIT	LE				Change	Addition
NAME	Ì		5.2 NA	ME	Ì				
STREET AIX	PRESS		5.3 STF	REET	ADDRESS				
CITY-ST-Z	Р			Y-81	T-ZIP				
TITLE		☐ DELETE	6.1 1(1)	LE				Change	Addition
NAME			6.2 NAI	ME	1				
STREET ADD	AESS		6.3 \$1F	REET	ADDRESS				
CITY-ST-Z	P		6.4 CIT	Y - S	T-ZIP				
14. I do Info 1 am app	hereby certify that the information supplied mation indicated on this annual report or si an officer or director of the corporation or ears in Block 12 or Block 13 if changed, or	with this filing does not quality upplemental annual report is the receiver or trustee empower an attachment with an add	fy for the e rue and a vered to ex dress.	xeci ccn exei	mption stated irale and that i ute this report	in Section 119.07(3)(i), Florida Statut my signature shall have the same leg as required by Chapter 617, Florida	es. I further al effect as Statutes; ar	certify that if made un nd that my r	the der oath; that name