FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005493 (2)

1. Corporation Name
LION'S ROAR MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1815 MAGNOLIA AVE. WINTER PARK FL 32789 US	P. O. BOX 940646 MAITLAND FL 32794-8646 US

3. Date Incorporated or Qualified: 12/07/1993
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-3213754 ☐ 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 3500 University Blvd N	26 3500 University Blvd N
22 Suite, Apt. #, etc. Apt # 1108	27 Suite, Apt. #, etc. Apt # 1108
23 City & State Jacksonville, FL	28 City & State Jacksonville, FL
24 Zip 32277 25 Country USA	29 Zip 32277 30 Country USA

9. Name and Address of Current Registered Agent

VAN WAGNER, RICK
1815 MAGNOLIA AVE.
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: Timothy P Wilkinson
82 Street Address (P.O. Box Number is Not Acceptable): 3500 University Blvd N
83 Apt # 1108
84 City: Jacksonville FL 85 Zip Code: 32277

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: Timothy P Wilkinson
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)
DATE: 4/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	VAN WAGNER, RICK	12 NAME	Van Wagner, Rick	
STREET ADDRESS	1815 MAGNOLIA AVE.	13 STREET ADDRESS	10630 Dwight Rd	
CITY-ST-ZIP	WINTER PARK FL	14 CITY-ST-ZIP	Clermont, FL 34711	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	PHILIPS, JEFF	22 NAME		
STREET ADDRESS	134 MARK DAVID BLVD.	23 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	WILKINSON, TIMOTHY	32 NAME	Wilkinson, Timothy	
STREET ADDRESS	1815 MAGNOLIA AVE.	33 STREET ADDRESS	3500 University Blvd N #1108	
CITY-ST-ZIP	WINTER PARK FL	34 CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ 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)(k), 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: Timothy P Wilkinson
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/30/95
Daytime Phone #: (904) 246-6554 ext 316

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