## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N9400000185 (8)

Corporation Name	
MEADE OF COD MINISTRICE	INO.

HEART	of god Ministries, Inc	).							
Principal Plac	e of Business	Mailing Addres	ss			{	IIII BOOF POFFA DI		I IDAKI BAK IDA
6100-B FAIR PENSACOLA		6100-B FAIRFI PENSACOLA I							
						3. Date Incorporated or Qualified 01/03/1994	3a. Date o	of Last 24/19	Report
21	lace of Business	2a. Mailing Add	Iress			4. FEI Number 59-3219936	.J	<del></del>	Applied For Not Applicable
Suite, Apt.		Suite, Apt.	#, etc.			5. Certificate of Status Desired	\$		Additional Required
City & Stat	ee	City & State	)			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Zip		ountry		8. This corporation has liability for inti	angible tax ur		
24	25 25	29	30			Florida Statutes	Yes X No		
	9. Name and Address of Curre	nt Registered Agent		0.1	N	10. Name and Address of New Reg	istered Age	nt	
CANN I	DONALD E			61	Name				
GANN, RONALD E 6100-B FAIRFIELD DRIVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	ss (P.O. Box Number is Not Acceptable)			
PENSAC	OLA FL 32506			83					
				84	City		FL 8	5 Zip	Code
<ol> <li>Pursuant or registe familiar w</li> <li>SIGNATURE</li> </ol>		1011 (0000), Florida	Statutes.			ation submits this statement for the purpo d of directors. I hereby accept the appoin	se of changir tment as regi	ig its re stered	egistered office agent. I am
12.	Signature, typed or printed name of registered agent	and title if applicable DIRECTORS			signature required		DATE		
TITLE	PD	DIRECTORS	IFTE 11	title		ADDITIONS/CHANGES TO OFFICE			
NAME	GANN, RONALD E	۵۰۰		NAME				iange	Addition
STREET ADDRESS	6100-B FAIRFIELD DRIVE				ADDRESS				ļ
CITY-ST-ZIP	PENSACOLA FL 32506			CITY-S					
TITLE	D	DE		TITLE	I - KII		□ Cł	anne	Addition
NAME	gann, Phyllis S			NAME				unge	
STREET ADDRESS	6100-B FAIRFIELD DRIVE		23	STREET	ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32506		2 4	CITY-S	T-ZIP		4		1
TITLE	D	DE	LETE 3.1	TITLE			☐ CH	ange	Addition
NAME	BEASLEY, SAMUEL E		3.2	NAME	ļ				
STREET ADDRESS	630 EAST CROSS STREET		3.3	STREET.	address				
C/TY-ST-ZIP	PENSACOLA FL 32503		D	CITY-S	1 - ZIP				
TITLE		DE		TITLE	-		□ Ch	ange	☐ Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DEL		CITY-ST	-ZIP				
NAME		المور		TITLE			Ch	ange	Addition
STREET ADDRESS			1	NAME CTOCCT	ADDRESS				
CITY-ST-ZIP					ADDRESS				
TITLE		DEL	C.T.C.	CITY-ST FITLE	-114		Ch	anne	Addition
NAME				NAME				an <b>y</b> e	LI AUGURON
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				DITY-ST	ŀ				
	y certify that the information supplied v	vith this filing is volunt	arily furnished and	does	not qualify for	the exemption stated in Section 119.07/	3\/k\ Florida 9	Statuta	c. I further

GNATURE: Constitution of the information applied with this ining 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.

GNATURE: 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:

FONALDE GANN 2-14-96 (764) 453-6433