**FILE NOW: FILING FEE IS $61.25**

# FILED
# Apr 17 1997 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N94000000357 (3)**

1. Corporation Name

**THREE ANGELS, OUTREACH MINISTRIES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 8800 49 AVENUE NORTH<br>SUITE 303<br>PINELLAS PARK FL 34666 | P.O. BOX 249<br>PINELLAS PARK FL 33780-0249 |

3. Date Incorporated or Qualified: 01/25/1994
3a. Date of Last Report: 07/24/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-3221248 ☐ 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

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

**9. Name and Address of Current Registered Agent**

CRAWFORD, E. PATRICK
5502-D LYNN LAKE DRIVE SOUTH
ST. PETERSBURG FL 33712

**10. Name and Address of New Registered Agent**

81 Name: CRAWFORD, E. PATRICK
82 Street Address (P.O. Box Number is Not Acceptable): 1902 Lightfoot Road
83: Wimauma
84 City: FL 85 Zip Code: 33598

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1.1 TITLE | P | ☒ Change ☐ Addition |
| NAME | QUAILEY, URIEL A | | 1.2 NAME | QUAILEY, URIEL A | |
| STREET ADDRESS | 8800 49 AVENUE NORTH | | 1.3 STREET ADDRESS | 6007 Riviera Lane | |
| CITY-ST-ZIP | PINELLAS PARK FL 34666 | | 1.4 CITY-ST-ZIP | New Port Richey, Fl. 34655 | |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | SD | ☒ Change ☐ Addition |
| NAME | CRAWFORD, E. PATRICK | | 2.2 NAME | CRAWFORD, E. PATRICK | |
| STREET ADDRESS | 5502-D LYNN LAKE DRIVE SOUTH | | 2.3 STREET ADDRESS | 1902 Lightfoot Road | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33712 | | 2.4 CITY-ST-ZIP | Wimauma, Fl. 33598 | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HILL, CONWAY | | 3.2 NAME | | |
| STREET ADDRESS | 9871 58TH ST. NORTH | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PINELLAS PARK FL 34666 | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MOORE, JAMES | | 4.2 NAME | | |
| STREET ADDRESS | 3256-A 39TH STREET SOUTH | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33712 | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | T | ☐ Change ☒ Addition |
| NAME | | | 5.2 NAME | CRAWFORD, MAUREEN | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 1902 Lightfoot Road | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | Wimauma, Fl. 33598 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

14. I do 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 an attachment with an address.

**SIGNATURE:** E. Crawford E. CRAWFORD 4/11/97 (813)573-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0062078