

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000000613 (9)**

1. Corporation Name

**MULTITUDE OF CHRIST MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**7207 N. NEBRASKA AVE.  
TAMPA FL 33604**

**P.O. BOX 360184  
TAMPA FL 33673-0184**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/31/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
21		26		4. FEI Number <b>59-3225130</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip	Country	29 Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAWKINS, KEVIN PASTOR  
701 E. FLORA ST.  
TAMPA FL 33604**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

*Kevin Hawkins*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-28-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAWKINS, KEVIN</b>	1.2 NAME	
STREET ADDRESS	<b>701 E. FLORA ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TURNER, BRENDA</b>	2.2 NAME	
STREET ADDRESS	<b>3418 N. 51ST ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33619</b>	2.4 CITY-ST-ZIP	
TITLE	T/T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARDSON, GRACE A.</b>	3.2 NAME	
STREET ADDRESS	<b>3013 N. 38TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33085</b>	3.4 CITY-ST-ZIP	
TITLE	2NDT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKER, HATTIE M.</b>	4.2 NAME	
STREET ADDRESS	<b>2907 32ND STREET N.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33605</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, LILLIE M</b>	5.2 NAME	
STREET ADDRESS	<b>2303 E. 10TH AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33605</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

*Kevin Hawkins*

**4-28-97**

CR2E037 (9/96)