

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000702 (0)

1. Corporation Name

THERE'S ROOM AT THE INN MINISTRIES, INC.

Principal Place of Business

Mailing Address

**322 N. 20TH ST.
HAINES CITY FL 33844**

**322 N. 20TH ST.
HAINES CITY FL 33844**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/07/1994

4. FEI Number

59-3246680

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

☒

**\$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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**FORTIN, BOB
322 N. 20TH ST.
HAINES CITY FL 33844**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	FORTIN, BOB
STREET ADDRESS	322 N. 20TH ST.
CITY-ST-ZIP	HAINES CITY FL 33844
TITLE	D
NAME	FORTIN, SHERRI
STREET ADDRESS	322 N. 20TH ST.
CITY-ST-ZIP	HAINES CITY FL 33844
TITLE	D
NAME	SIMPSON, ROBERT D SR.
STREET ADDRESS	305 1/2 OAK ST.
CITY-ST-ZIP	AUBURNDALE FL 33823
TITLE	VD
NAME	MCDOWELL, ROSE
STREET ADDRESS	1315 MOSS ST.
CITY-ST-ZIP	HAINES CITY FL 33844
TITLE	SD
NAME	FRANKLIN, JUANITA
STREET ADDRESS	3404 AVE. "S" N.W.
CITY-ST-ZIP	WINTER HAVEN FL 33881
TITLE	TD
NAME	THOMAS, HELEN
STREET ADDRESS	2564 DALE ANN DR.
CITY-ST-ZIP	HAINES CITY FL 33844

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	TD McDowell, Rose
4.3 STREET ADDRESS	1315 Moss St
4.4 CITY-ST-ZIP	Haines City, FL 33844
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	SD Fitzpatrick, ELIZABETH
5.3 STREET ADDRESS	1306 Melbourne Ave
5.4 CITY-ST-ZIP	Haines City, FL 33844
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	D Fitzpatrick, Mitchell
6.3 STREET ADDRESS	1306 Melbourne Ave
6.4 CITY-ST-ZIP	Haines City, FL 33844

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)(b), 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: *Sherr Fortin* **SHERRI FORTIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95 (813)421-5002

Date

Daytime Phone #