SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $306)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -5 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****155.00 ****155.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000000823 (4)

1. Corporation Name
MARY MARTIN MINISTRIES, INC.

Principal Place of Business	Mailing Address
18344 N.W. 68TH AVE. #E MIAMI FL 33015	18344 N.W. 68TH AVE. #E MIAMI FL 33015

3. Date Incorporated or Qualified: 02/17/1994
3a. Date of Last Report:
4. FEI Number: ☑ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21 6387 Bay Club Dr	26 P.O. Box 39712		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☑	$5.00 May Be Added to Fees
22 #1	27 Ft Lauderdale		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	FILING FEE IS $61.25
23 Ft Lauderdale, Fl	28 Fl		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24 33308 / 25 USA	29 333949712 / 30 USA		

9. Name and Address of Current Registered Agent

MARTIN, MARY
18344 N.W. 68TH AVE.
#E
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name	Mary Martin
82 Street Address (P.O. Box Number is Not Acceptable)	6337 Bay Club Dr #1
83 City	Ft Lauderdale
84 City / 85 Zip Code	FL / 33308

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: Mary Martin (Mary Martin) 6/21/95
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	D	11 TITLE	D	☐ Change ☐ Addition
NAME	MARTIN, MARY	12 NAME		
STREET ADDRESS	18344 N.W. 68TH AVE., #E	13 STREET ADDRESS	6337 Bay Club Dr #1	
CITY-ST-ZIP	MIAMI FL 33015	14 CITY-ST-ZIP	Ft Lauderdale, Fla 33308	
TITLE	D	21 TITLE	S	☐ Change ☐ Addition
NAME	LYNCH, ANN	22 NAME		
STREET ADDRESS	2411 N.W. 88TH ST.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	Tr	☐ Change ☐ Addition
NAME	SHICK, KATHERYN	32 NAME		
STREET ADDRESS	3816 FAIRWAY DR.	33 STREET ADDRESS		
CITY-ST-ZIP	CANFIELD OH 44406	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	Tr	☐ Change ☐ Addition
NAME	SILVERBLACK, STANLEY DR.	42 NAME		
STREET ADDRESS	820 OCEAN BLVD.	43 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN BEACH FL 33160	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	Tr	☐ Change ☐ Addition
NAME	OWENS, NEVILLE	52 NAME		
STREET ADDRESS	8 WILLOW RUN	53 STREET ADDRESS		
CITY-ST-ZIP	KINGSTON JAMAICA	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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: Mary Martin (Mary Martin) 6/21/95 305-828 1877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005968