

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000001754 (0)

1. Corporation Name

SEEDS OF FAITH MINISTRIES, INC.



Principal Place of Business: 3200 OLD WINTER GARDEN RD. SUITE 2622 OCOEE FL 34761  
Mailing Address: P.O. BOX 546 WINDEMERE FL 34786-0546

3. Date Incorporated or Qualified: 04/06/1994  
3a. Date of Last Report: 09/05/1995  
4. FEI Number: 59-3243378  
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, PETER G  
3200 OLD WINTER GARDEN ROAD  
SUITE 2622  
OCOEE FL 34761

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	EVANS, PETER G	
STREET ADDRESS	3200 OLD WINTER GARDEN #2622	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVANS, SANRA	
STREET ADDRESS	3200 OLD WINTER GARDEN #2622	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, DELLA	
STREET ADDRESS	6373 CONNOY #19B	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EVANS, Peter G.	
1.3 STREET ADDRESS	3200 Old Winter Garden #2622	
1.4 CITY-ST-ZIP	OCOEE, FL 34761	
2.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SANDRA EVANS	
2.3 STREET ADDRESS	3200 Old Winter Garden #2622	
2.4 CITY-ST-ZIP	OCOEE, FL 34761	
3.1 TITLE	D/ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ADAMS, DELLA	
3.3 STREET ADDRESS	6373 CONNOY #19B	
3.4 CITY-ST-ZIP	ORLANDO, FL 32835	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	300001838253	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-05/24/96--01031--001	
5.3 STREET ADDRESS	***70.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: *Peter Evans* 4-22-96 (407) 294 0985  
DATE: Day/Mo/Year Phone #

CR2E037 (12/95)