

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

25 MAY 16 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002930 (5)

1. Corporation Name

ONESIMUS EVANGELISTIC MINISTRIES, INC.

Principal Place of Business

Mailing Address

4752 AMOY CT.
ORLANDO FL 32805
32811

4752 AMOY CT.
ORLANDO FL 32805
32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/16/1994

3a. Date of Last Report

4. FEI Number
69-3252750

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 SAME AS ABOVE

26 SAME AS ABOVE

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for tangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WADE, ANDREW
4752 AMOY CT.
ORLANDO FL 32805

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 ANDREW WADE

Andrew Wade

5/8/95

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT
NAME WADE, ANDREW
STREET ADDRESS 4752 AMOY CT.
CITY - ST - ZIP ORLANDO FL 32805

11 TITLE D Change Addition
12 NAME OWEN, ALICE
13 STREET ADDRESS 2221 SOUTH SWANSON DR.
14 CITY - ST - ZIP DUNEDON, FL 32738

TITLE D
NAME EDWARDS, JANNIE
STREET ADDRESS 7554 GOLDEN GLENN DR.
CITY - ST - ZIP ORLANDO FL 32807

21 TITLE SECRETARY Change Addition
22 NAME SECRETARY
23 STREET ADDRESS 4730 SOUTH RED GRASS AVE
24 CITY - ST - ZIP ORLANDO, FL 32839

TITLE D
NAME ~~WILLIAMS, DORRY~~
STREET ADDRESS ~~207 MONROE ST., APT. 45A~~
CITY - ST - ZIP ~~MARTLAND FL 32751~~

31 TITLE Treasurer Change Addition
32 NAME BATTLE, OWEN
33 STREET ADDRESS 2825-D W.B. McLEOD RD
34 CITY - ST - ZIP ORLANDO, FL 32805

TITLE D
NAME MORRIS, LINDA
STREET ADDRESS 2808 NORTH POWERS DR.
CITY - ST - ZIP ALBANY, FL 32818

41 TITLE Change Addition
42 NAME Change Addition
43 STREET ADDRESS Change Addition
44 CITY - ST - ZIP Change Addition

TITLE D
NAME SPANAW LAWRENCE
STREET ADDRESS 3609 PEPES O THE GLENWAY
CITY - ST - ZIP ORLANDO, FL 32818

51 TITLE Change Addition
52 NAME Change Addition
53 STREET ADDRESS Change Addition
54 CITY - ST - ZIP Change Addition

TITLE D
NAME JENKINS, ROBIN
STREET ADDRESS 6060 SCOTCHWOOD GLENN
CITY - ST - ZIP ORLANDO, FL 32822

61 TITLE Change Addition
62 NAME Change Addition
63 STREET ADDRESS Change Addition
64 CITY - ST - ZIP Change Addition

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: ANDREW WADE Andrew Wade Pres. must 5/8/95 (407) 648-1975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Title)

Florida Filing #