

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 19 1997 8:00am
Secretary of State

DOCUMENT # N94000002930 (5)

1. Corporation Name

ONESIMUS EVANGELISTIC MINISTRIES, INC.



Principal Place of Business

4752 AMOY COURT
ORLANDO FL 32805

Mailing Address

4752 AMOY COURT
ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1994

3a. Date of Last Report

10/28/1996

4. FEI Number

59-3252750

Applied For

Not Applicable

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 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

Andrew Wade
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 ☐ DELETE

NAME
WADE, ANDREW
STREET ADDRESS
4752 AMOY COURT
CITY-ST-ZIP
ORLANDO FL 32811

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
WHITEHURST, JULIA E
STREET ADDRESS
4739 SPANIEL ST.
CITY-ST-ZIP
ORLANDO FL 32818

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
TAYLOR, DEBREITA
STREET ADDRESS
462 LAKE BRIDGE LANE, APT 1221
CITY-ST-ZIP
APOPKA FL 32703

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
TAYLOR, PARIS
STREET ADDRESS
1200 THOUSAND OAKS
CITY-ST-ZIP
ORLANDO FL 32818

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE

NAME
SPARROW, LAWRENCE
STREET ADDRESS
3609 PIPES O THE GLENWAY
CITY-ST-ZIP
ORLANDO FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE

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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE REQUIRED

11/17/97 10:00am (167) 899 2174

CR2E037 (4/97)