FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004158 (1)**

1. Corporation Name

OHMEOMIAH MUSIC MINISTRIES, INC.

Principal Place of Business	Mailing Address
616 NORFOLK STREET DUNEDIN FL 34698	616 NORFOLK STREET DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/22/1994** | 3a. Date of Last Report:

4. FEI Number: **59-3261050** | ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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 intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAHARREY, MICHAEL R
616 NORFOLK STREET
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		11 TITLE	PRESIDENT / TREASURER / DIRECTOR	☐ Change ☒ Addition
NAME		12 NAME	MICHAEL R. MAHARREY	
STREET ADDRESS		13 STREET ADDRESS	616 NORFOLK ST.	
CITY-ST-ZIP		14 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE		21 TITLE	SECRETARY / DIRECTOR	☐ Change ☒ Addition
NAME		22 NAME	REGINA S. MAHARREY	
STREET ADDRESS		23 STREET ADDRESS	616 NORFOLK ST	
CITY-ST-ZIP		24 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE		31 TITLE	VICE-PRESIDENT / DIRECTOR	☐ Change ☒ Addition
NAME		32 NAME	DAVID BOUT	
STREET ADDRESS		33 STREET ADDRESS	630 RICHMOND ST	
CITY-ST-ZIP		34 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE		41 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		42 NAME	BRENDA BOUT	
STREET ADDRESS		43 STREET ADDRESS	630 RICHMOND ST	
CITY-ST-ZIP		44 CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		51 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		52 NAME	JACK PIQUETTE	
STREET ADDRESS		53 STREET ADDRESS	2263 MARSHIN DR.	
CITY-ST-ZIP		54 CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Michael R. Maharrey — MICHAEL R MAHARREY — 1-24-95 — 813-734-9338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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