FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996	J
	_

DOCUMENT #

N94000004158 (1)

OHMEOMIAH MUSIC MINISTRIES, INC.

Principal Place of Business Mailing Address						
616 NORFOLI DUNEDIN FL		616 NORFOLK STREET DUNEDIN FL 34698				
				3. Date Incorporated or Qualified 08/22/1994	3a. Date of Last Report 05/01/1995	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3261050	Not Applicable	
Suite, Apt. 22 \$20	#, etc. Lexinuson St	Suite, Apt. #, etc. 27 520 LEXIN	uron St	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	neptn fi	City & State 28 ONFOIN	Fi	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 346	Country USVA	29) Zip 34690	Country 30 USA	8. This corporation has liability for int		
	9. Name and Address of Current			10. Name and Address of New Re		
81 Name MAHARREY MICHAEL R.						
MAHARR	EY, MICHAEL R		82 Street A	MAHARREN MICHAEL Address (P.O. Box Number is Not Acceptable		
616 NOF	RFOLK STREET			520 LEXENGTON ST	•	
DUNEDI	N FL 34698		83			
			84 City		85 Zip Code	
			- "	Dunepth	FL 34690	
or register	o the provisions of Sections 617.0502 a ed agent, or both, in the State of Florida th, and accept the obligations of, Section	 a. Such change was authorized. 	the above-named co by the corporation's	rporation submits this statement for the purpo board of directors. I hereby accept the appoir	ose of changing its registered office ntment as registered agent. I am	
SIGNATURE	,					
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Rogistered Agent signature re		DATE	
12.	OFFICERS AND	······································	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PTD	DELETE	1.1 TITLE	PTD	Change ☐ Addition	
NAME	MAHARREY, MICHAEL R		1.2 NAME	MAHANNEY MECHAEL R		
STREET ADDRESS	616 NORFOLK ST		1.3 STREET ADDRESS	620 LEXINGTON ST.		
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP	DUNEDIH, FC		
TITLE	SD	DELETE	21 TITLE	6D	🛂 Change 🔲 Addition	
NAME	MAHARREY, REGINA S		2.2 NAME	MAHARNEY RELINAS		
STREET ADDRESS	616 NORFOLK ST		2.3 STREET ADDRESS	520 LEXINGTON ST		
CITY-ST-ZIP	DUNDIN FL	Farrer	2.4 CITY-ST-ZIP	Dunesen, fo		
TITLE	VPD PAME	DELETE	3.1 TITLE	0 0 0 0 0	Change 🔲 Addition	
NAME	BOUT, DAVID 630 RICHMOND ST		3.2 NAME	BOUT, DAUED ISIZ CALEFORNEA PRING N.		
STREET ADDRESS	DUNEDIN FL		3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	n	DELETE	34. CITY-ST-ZIP 41 TITLE		Michana	
NAME	BOUT, BRENDA			D Bour Brenda	Change 🔲 Addition	
STREET ADDRESS	630 RICHMOND ST			_		
CITY-ST-ZIP	DUNEDIN FL		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	1512 CHLIFORNIN PRWY		
TITLE	n	DELETE	51 TITLE	Fr Wonth Tx 76115	Change X Addition	
NAME	PIQUETTE, JACK	to a second		Enris Seffry	El ouesido Edi vancou	
STREET ADDRESS	2263 MARSHA DR			114 LEMON ST.		
CITY-ST-ZIP	PALM HARBOR FL		5.4 City-St-Zip	TORPON SPIRINGS . FL	14600	
TITLE		DELETE		D SALCTHOS . LC	Change Addition	
NAME			6.2 NAME	Enris Julie	The same and a supportant	
STREET ADDRESS			6.3 STREET ADDRESS	1114 LEMON ST		
CITY-ST-ZIP			6.4 City-St-Zip	homeon springs for 3	4689	
14 Ldo borob	Table that the second of the s	241 41 5 66 5 5 1 1 2 9 7 5 5	■ 0.4 CHT - 51-ZIF	INTERPORTURE STREET		

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 3 if ghanged, or open attachment with an address.

SIGNATURE:

| Marchine | Mountain | Marchine | Marchi