

# 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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 MAY 10 PM 3: 01

DOCUMENT # **N94000004339 (7)**

1. Corporation Name

**INCREASE MINISTRIES, INC.**



Principal Place of Business

Mailing Address

**3004 ST. AUGUSTINE DRIVE  
ORLANDO FL 32825**

**3004 ST. AUGUSTINE DRIVE  
ORLANDO FL 32825**

3. Date Incorporated or Qualified

**09/06/1994**

3a. Date of Last Report

**04/28/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2081 Tiptree Circle**

26 **P.O. Box 690291**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Orlando FL**

28 **Orlando FL**

Zip

Country

Zip

Country

24 **32837**

25 **USA**

29 **32869**

30 **USA**

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TANNER, SAM E  
3004 ST. AUGUSTINE DRIVE  
ORLANDO FL 32825**

81 Name

**Sam E. Tanner**

82 Street Address (P.O. Box Number is Not Acceptable)

83

**2081 Tiptree Circle**

84

**Orlando**

**FL**

85 Zip Code

**32837**

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

*Sam E. Tanner*

**Sam E. Tanner, President**

**5-1-96**

(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 **D CHEWNING, CHARLES G**  
STREET ADDRESS **2686 MERRIE OAKS ROAD**  
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ DELETE

NAME **D TANNER, SAM E**  
STREET ADDRESS **3004 ST. AUGUSTINE DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ DELETE

NAME **D WEST, TIM B**  
STREET ADDRESS **10455 WATER HYACINTH DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

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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:

*Sam E. Tanner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-96**

Date

**(407) 888-2526**

Daytime Phone

CR2E037 (12/95)