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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	N94000004339	(7

FILED Apr 22 1997 8:00am Secretary of State

INCRE	ASE MINISTRIES, INC.							
Principal Plac	e of Business	Mailing Address			T LOGISTON DIO LOCAL DIOLEGISTA SEL	IN ABILL ABILL ABINE BIE	68 (1488 111	1) 0 (01) (05)
2081 TIPTREE CIRCLE P.O. BOX 690291 ORLANDO FL 32837 ORLANDO FL 32869-0291								
					3. Date Incorporated or Qualified 09/06/1994	3a. Date of 05/1	Last Rep 10/199	
2. Principal P	2. Principal Place of Business 2a. Mailing Address 21		4. FEI Number 59-3260217		Applied For Not Applicable			
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7 "	3.75 Ac Fee Req	dditional	
	City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 N			
2ip	Country 25	Zip	Coul	ntry	This corporation has liability for Florida Statutes		nder s. 1	
	9. Name and Address of Curren				10. Name and Address of New F			
				81 Name				
	TANNER, SAM E 2081 TIPTREE CIRCLE		ļ	82 Street A	ddress (P.O. Box Number is Not Accept	able)	······	
	00 FL 32837]	83				
			Ì	64 City		FL 85	Zip Co	ode
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the at	ove-named	corporation submits this statement for the		iging its	registered
office or i agent. I a	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was a ations of, Section 617.0503, Flor	uthorizec rida Stati	i by the corpo utes.	corporation submits this statement for the oration's board of directors. I hereby acc	ept the appointm	ent as re	gistered
SIGNATURE	Hom: Verne				President	4-14-9	<u>Z</u>	
12.	Signature, typed or printer name of registered age OFFICERS AN		Registered	Agent signature r	equired when reinstalling) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRE	FCTORS	IN 12
TITLE	0	☐ DELETE	1,1 TIT	LE				Addition
NAME	CHEWNING, CHARLES G		1.2 NA	ME				
STREET ADDRESS	2686 MERRIE OAKS ROAD		1.3 \$1	REET ADDRESS				
CITY-ST-ZIP	WINTER PARK FL 32792	Filterett	_	Y-ST-ZIP			\hanna	T I Addition
NAME	D TANKED CAME	DELETE	2.1 TIT 2.2 NA	1		ا ا	Change	Addition
STREET ADDRESS	TANNER, SAM E 2081 TIPTREE CIRCLE			REET ADORESS				
CITY-ST-ZIP	ORLANDO FL 32837			TY-ST-ZIP				
TITLE	D	DELETE	3.1 TIT				hange	Addition
NAME	WEST, TIM B		3.2 NA	ME				
STREET ADDRESS	10455 WATER HYACINTH DR	rive	3.3 ST	REET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32825		_	TY-ST-ZIP				
TITLE	,	DELETE	4.1 TIT)hange	Addition
NAME			4.2 N					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.1 TIT	Y-ST-ZIP			hange	Addition
NAME			5.2 NA			. — -	*-	
STREET ADDRESS				REET ADDRESS				
CITY - ST - ZIP				Y-ST-ZIP				
TITLE		DELETE	6.1 TIT				hange	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
14. I do here!	by certify that the information supplied	d with this filing does not qualify	for the	exemption sta	ated in Section 119.07(3)(i), Florida Statu	tes. I further certi	fy that th	16 or oath: that

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 planged or on an attachment with an address.

SIGNATURE

WATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

er, Prosident Date

4-14-97 888-2526

Daytime Phone # 0018288