

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

DOCUMENT # N94000004515 (2)

1. Corporation Name

RON CLARK MINISTRIES, INC.

Principal Place of Business

6850 LIVING WATER PLACE
TAMPA FL 33610

Mailing Address

6850 LIVING WATER PLACE
TAMPA FL 33610



3. Date Incorporated or Qualified

09/14/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3300484

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ 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

BING, ANITA K ESO
6850 LIVING WATER PLACE
TAMPA FL 33610

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 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

Signature, typed or printed name of registered agent and their applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TP
CLARK, RONALD H DR
6850 LIVING WATER PLACE
TAMPA FL 33610

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
KASEMAN, JULIUS J DR
2448 E 81ST STREET STE 4200
TULSA OK 74137

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
STEWART, KEN DR
ROUTE 1 BOX 53A
COWETA OK 74429

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TV
CLARK, BELINDA REV
6850 LIVING WATER PLACE
TAMPA FL 33610

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TS
HILLMAN, JANE REV
8145 S. 77TH AVE. EAST #202
TULSA OK 74133

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
MCCORD, MICHAEL
1907 SADDLE LAKE PLACE
BRANDON FL 33511

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change

☐ Addition

TTRES, SEC
MCCORD, MICHAEL
1907 SADDLE LAKE PLACE
BRANDON FL 33511

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96

813.620.4551

Date

Daytime Phone

CR2E037 (12/95)