FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

FEI# should be 59-3272232

1996

N9400005041 (8) DOCUMENT

THE AHADY MINISTRIES INC

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Principal Place	of Business	Mailing Address				
9103 STONEE		9103 STONEBROOK DR	·			•
SANFORD FL		SANFORD FL 32773				
US		US				Date Incorporated or Qualified 3a. Date of Last Report
						10/12/1994 03/22/1995
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26 P. O. Box 2332				59-3272232 Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
City & State		City & State			··· ·	Fee Required 6. Election Campaign Financing \$5.00 May 8e
23		28 Sanford, FI	5			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	puntry		8. This corporation has liability for intangible tax under s. 199.032,
24	25	29 32772-2332	30 U	USA		Florida Statutes
						10. Name and Address of New Registered Agent
CHDDV	DADENT E IN			6	Name	
	robert e jr. Onebrook dr		82 Street A			ddress (P.O. Box Number is Not Acceptable)
	D FL 32773		83			
5, 4, 4, 51,	D 1 C 02.10			_		
				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 wit	h, and accept the obligations of, Se	ction 617.0503, Florida Statutes.	O DY THE	corp	oration s ti	loard or directors. I hereby accept the appointment as registered agent, I am
SIGNATURE _	·					
12.	Signature, typed or printed name of registered age OFFICERS A	ord and title if applicable [NO] ND DIRECTORS	TE Rugister		nt signature rec	eured wher reinstalings ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE		TITLE		Change C Addition
NAME	CURRY, ROBERT E JR.	_	1.2	NAME		
STREET ADDRESS	9103 STONEBROOK DR		1.3	STREET	ADDRESS	
City-St-ZiP	SANFORD FL	· · · · · · · · · · · · · · · · · · ·	1.4	1.4 CITY - ST- ZIP		
TITLE	0	DELETE	2.1	2.1 TITLE		Change Addition
NAME	CURRY, ROBERT E III 9103 STONEBROOK DR			NAMÉ		
STREET ADDRESS CITY-ST-ZIP	SANFORD FL				ADDRESS	
TITLE	D	DELETE		2 4 CITY - ST - ZIP 3 1 TITLE		Change Addition
NAME	GRAY, KATHLEEN P	_		NAME		
STREET ADDRESS	1176 LOST TRAIL		33	STREET	ADDRESS	
C/TY-ST-Z/P	FORT WALTON BEACH FL	32547	3 4	CITY	S1 - 21P	
TITLE		DELETE	4.1	TITLE		☐ Change ☐ Addition
NAME				NAME		-
STREET ADDRESS					ADDRESS	}
E-TY - ST - ZIP TITLE		DELETE		CITY - 5	ST- ZIP	Change Addition
NAME		Libettit		TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS					ADDRESS	
C-TY-ST-ZIP				CITY - S		
TITLE		DELETE		TITLE		☐ Change ☐ Addition
NAME			6.2	NAME		
STREET ADDRESS			63	STREET	ADDRESS	
CPTY-ST-ZIP	- 12 n - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		6.4	CITY - S	51 - ZIP	
ertify that	y ceruly that the information supplied the information indicated on this an	i with this filing is voluntarily furni nual report or supplemental anni	ished and ual repor	a doe t is tru	is not quali ue and acc	fy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further urate and that my signature shall have the same legal effect as if made under
certify that the information indicated on this annual eport of 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 of 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 charged of the appear of 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 charged of the part of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name						

SIGNATURE:

Robert E. Curry, Jr. 1/17/96
Date OR PRINTED ANTE OF SIGNING OFFICER OR DIRECTOR