

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 # N94000005904 (7)

1. Corporation Name

DETERMINATION MINISTRIES, INC.



Principal Place of Business

Mailing Address

**7211 SEAMANS BLUFF
ORLANDO FL 32835**

**7211 SEAMANS BLUFF
ORLANDO FL 32835**

3. Date Incorporated or Qualified

3a. Date of Last Report

01/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALL, JERRY
7211 SEAMANS BLUFF
ORLANDO FL 32835**

81 Name

Steve Alderman

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

7211 Seamans Bluff

83

84 City

Orlando

FL

85 Zip Code

32835

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

Steve Alderman

STEVE ALDERMAN

3-27-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **Director** ☒ DELETE
NAME **Kelcey Middleton**
STREET ADDRESS **6227 Indiar Hills Rd.**
CITY-ST-ZIP **Orlando, FL 32808**

1.1 TITLE **D/T** ☒ Change ☐ Addition
1.2 NAME **Hattiemay Alderman**
1.3 STREET ADDRESS **9808 Morton Jones Rd.**
1.4 CITY-ST-ZIP **Gotha, FL 34734**

TITLE **D/P** ☐ DELETE
NAME **Steve Alderman**
STREET ADDRESS **7211 Seamans Bluff**
CITY-ST-ZIP **Orlando, FL 32835**

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

TITLE **D/S** ☐ DELETE
NAME **Ralph D. Alderman**
STREET ADDRESS **9808 Morton Jones Rd.**
CITY-ST-ZIP **Gotha, FL 34734**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **600001777286** ☐ Change ☐ Addition
6.2 NAME **-04/11/96--01103--017**
6.3 STREET ADDRESS *****61.25**
6.4 CITY-ST-ZIP

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, changed, or on an attachment with an address.

SIGNATURE:

Steve Alderman

STEVE ALDERMAN

Date

3-27-96

Daytime Phone #

CR2E037 (12/95)