FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 19 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005927 (8)

1. Corporation Name

DR. R. JEFFREY STULL PASTORAL COUNSELING MINISTRIES, INC.

Principal Place of Business	Mailing Address
12158 SOUTHWEST 51 COURT COOPER CITY FL 33330	12158 SOUTHWEST 51 COURT COOPER CITY FL 33330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0539419 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: JACK H. DE BRA
82 Street Address (P.O. Box Number is Not Acceptable): 2741 OAKPARK CIRCLE
83: DAVIE, FL,
84 City: FL 85 Zip Code: 33328

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Jack H. De Bra — 4-12-1995
(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	P	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	STULL, BETH A	1.2 NAME	R. JEFFREY STULL	
STREET ADDRESS	12158 SOUTHWEST 51 COURT	1.3 STREET ADDRESS	12158 S.W. 51 COURT	
CITY-ST-ZIP	COOPER CITY FL 33330	1.4 CITY-ST-ZIP	COOPER CITY, FL. 33330	
TITLE		2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		2.2 NAME	JACK H. DE BRA	
STREET ADDRESS		2.3 STREET ADDRESS	2741 OAKPARK CIRCLE	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DAVIE, FL. 33328-6675	
TITLE		3.1 TITLE	SEC-TREASURE	☒ Change ☒ Addition
NAME		3.2 NAME	JACK H. DE BRA	
STREET ADDRESS		3.3 STREET ADDRESS	2741 OAKPARK CIRCLE	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DAVIE, FL. 33328-6675	
TITLE		4.1 TITLE	BETH A. STULL - DIRECTOR	☐ Change ☒ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS	12158 S.W. 51 COURT	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	COOPER CITY, FLA. 33330	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 changed, or on an attachment with an address.

SIGNATURE: Jack H. De Bra — 4-12-1995 — (305) 474-6727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JACK H. DE BRA

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