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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N9400005966 (6) DOCUMENT # 1. Corporation Name

SAM HEMBY MINISTRIES, INC.

Principal Place of Business	Mailing Address		t ikalila; dik idili alkis opti) kalil a	EUN ADSST BOSEN BINNE SESTE ES	IIIM Miti tagi
P O BOX 2794 WINTER HAVEN FL 33883-2794	P O BOX 2794 Winter Haven FL 33	883-2794			
			3. Date Incorporated or Qualified 12/05/1994	3a. Date of Last Re 04/21/199	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-3283230	<u> </u>	plied For
21	26 Suite Act # etc		59-5265250		t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & State	City & State		6. Election Campaign Financing	\$5.00	,
Zip Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	A0060 ti	
24 25	29	30		tangible tax under s. ⊤s Yes ☐ No	39.032,
9. Name and Address of Curre		1001	10. Name and Address of New Re	gistered Agent	
		81 Name			
HEMBY, SAMUEL S		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
821 CINNAMON DRIVE EAST					
WINTER HAVEN FL 33880		83			
		84 City		85 Zíp C	Code
11. Pursuant to the provisions of Sections 617.050				<u> </u>	
or registered agent, or both, in the State of Flo familiar with, and accept the obligations of, Se	orida. Such change was authori otion 617.0503, Florida Statute	zed by the corporation's boa is.	ard of directors. I hereby accept the appoi	ntment as registered ag	gent. I am
SIGNATURE					
Signature, typed or printed name of registered age		OTE: Registered Agent signature require		DATE SERS AND DIRECTORS	S INL 12
Signature, typed or printed name of registered age. 12. OFFICERS A	ND DIRECTORS	13.	ed when remaining. ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS	S IN 12
Signature, typed or printed name of registered age 12. OFFICERS A TILE D				ERS AND DIRECTORS	S IN 12
Signature, typed or printed name of negistered ay: 12. OFFICERS A TITLE D HEMBY, SAMUEL S	ND DIRECTORS	13. 11 TITLE 12 NAME		ERS AND DIRECTORS	S IN 12
12. OFFICERS A TITLE D NAME HEMBY, SAMUEL S STREET ADDRESS 821 CINNAMON DRIVE EAS	ND DIRECTORS	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS		ERS AND DIRECTORS	S IN 12
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

5-13-96 (94)294-6391
Date Dayline Prime *