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 # N95000000157 (6)

1. Corporation Name
FORWARD MINISTRIES, INC.

Principal Place of Business	Mailing Address
15501 BRUCE B. DOWNS #1202 TAMPA FL 33647	15501 BRUCE B. DOWNS #1202 TAMPA FL 33647

3. Date Incorporated or Qualified: 01/09/1995
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 15210 AMBERLY DRIVE	26 15210 AMBERLY DRIVE
Suite, Apt. #, etc. 22 APT # 1326	Suite, Apt. #, etc. 27 APT # 1326
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip / Country 24 33647 / 25 USA	Zip / Country 29 33647 / 30 USA

4. FEI Number: 59-3297746 ☐ 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

9. Name and Address of Current Registered Agent

BLACKBURN, DENNIS L
C/O 1800 FIRST UNION NATIONAL BANK TOWER
225 WATER ST
JACKSONVILLE FL 32202

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REV. LEON VAN ROOYEN, Th.D. ☐DELETE PRESIDENT - DIRECTOR 15210 AMBERLY DR. APT. 1326 TAMPA, FL. 33647	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR, SECRETARY ☐DELETE Dennis BLACKBURN c/o 1800 FIRST UNION NATIONAL BANK TOWER 225 WATER ST. JACKSONVILLE, FL 32202	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR - TREASURER ☐DELETE BRIDGETTE VAN ROOYEN 15210 AMBERLY DR, APT. 1326 TAMPA, FL. 33647	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ☐DELETE REV. GEORGE THOMAS Homewood Full Gospel 18620 S. KEDZIE AVE. Homewood, IL 60430	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (12/95)

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: Rev. LEON VAN ROOYEN (813)-9751095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #