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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
15210 AMBERLY DRIVE APT. #1326 TAMPA FL 33647 US	15210 AMBERLY DR APT. #1326 TAMPA FL 33647-2191 US

3. Date Incorporated or Qualified: 01/09/1995
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business
21: 5620 E. Fowler Ave
Suite, Apt. #, etc. 22: 8
City & State 23: TAMPA, FL
Zip 24: 33617 Country 25: USA

2a. Mailing Address
26: 5620 E. Fowler Ave.
Suite, Apt. #, etc. 27: 8
City & State 28: TAMPA, FL
Zip 29: 33617 Country 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	PD VAN ROOYEN, LEON D REV. 15210 AMBERLY DRIVE, APT. 1326 TAMPA FL 33647	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DT Summers, STANLEY 57 Sarah Ave. Springfield, IL 62703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BLACKBURN, DENNIS C/O 1800 1ST UNION NATL. TOWER, 225 WATER JACKSONVILLE FL 32202	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D SUMMERS, ROSANN 57 Sarah Ave. SPRINGFIELD, IL 62703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN ROOYEN, BRIDGETTE 15210 AMBERLY DR. APT. 1326 TAMPA FL 33647	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DS VAN ROOYEN, BRIDGETTE 15210 Amberly Dr., Apt. 1326 TAMPA, FL 33647	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, GEORGE REV. 18620 S. KEDZIE AVE. HOMEWOOD FL 60430	☐ DELETE	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 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [signature] BRIDGETTE VAN Rooyen 1-29-97 (813-980-2131)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0049058