

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 SEP -6 PM 3: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000000647 (6)**

1. Corporation Name

IN FLIGHT MINISTRIES, INC.

Principal Place of Business

Mailing Address

**205 PINE AVENUE
POLK CITY FL 33868**

**P.O. BOX 699
POLK CITY FL 33868**

3. Date Incorporated or Qualified 02/06/1995	3a. Date of Last Report
4. FEI Number 59-3301720	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. BOX 699
22 City & State	27 Polk City, FL
23 Zip	28 33868
24 Country	29 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEWMAN, ROBERT L
205 PINE AVENUE
POLK CITY FL 33868**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert L. Newman	1.2 NAME	
STREET ADDRESS	205 Pine St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Polk City, FL 33868	1.4 CITY-ST-ZIP	300001950133
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	09/18/96-01028-008
NAME	Lauri L. Newman	2.2 NAME	*****70.00 *****70.00
STREET ADDRESS	205 Pine St.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Polk City, FL 33868	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Julia Jones	3.2 NAME	
STREET ADDRESS	205 Pine St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Polk City, FL 33868	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

Robert L. Newman 8/2/96 941-984-9213
Robert L. Newman