

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 # **N95000000796 (1)**

1. Corporation Name
W.R. RUSSELL MINISTRIES, INC.



Principal Place of Business: **3334 MCGREGOR BLVD FT MYERS FL 33901**
Mailing Address: **3334 MCGREGOR BLVD FT MYERS FL 33901**

3. Date Incorporated or Qualified: **02/17/1995**
3a. Date of Last Report

2. Principal Place of Business: **21 28353 TASCA DR.**
2a. Mailing Address: **26 P.O. Box 2505**
22. Suite, Apt. #, etc.
23. City & State: **BONITA SPRINGS FL.**
24. Zip: **33923**
25. Country: **USA**
27. Suite, Apt. #, etc.
28. City & State: **BONITA SPRINGS FL**
29. Zip: **33959**
30. Country: **USA**

4. FEI Number: **65-0557081**
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
**RUSSELL, WILLIAM II
3334 MCGREGOR BLVD
FT MYERS FL 33901**

10. Name and Address of New Registered Agent
81. Name: **William R. Russell II**
82. Street Address (P.O. Box Number is Not Acceptable): **28353 TASCA DR.**
83.
84. City: **BONITA SPRINGS** **FL** 85. Zip Code: **33923**

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: **William R. Russell II** *WR Russell II* DATE: **4-18-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input type="checkbox"/>
NAME	RUSSELL, WILLIAM R II	
STREET ADDRESS	3334 MCGREGOR BLVD	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	DVS	<input type="checkbox"/>
NAME	RUSSELL, PHYLLIS	
STREET ADDRESS	3334 MCGREGOR BLVD	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	DT	<input type="checkbox"/>
NAME	CARLSON, DOUGLAS	
STREET ADDRESS	3334 MCGREGOR BLVD	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Russell, William R. II		
1.3 STREET ADDRESS	28353 TASCA DR		
1.4 CITY-ST-ZIP	BONITA SPRINGS FL 33923		
2.1 TITLE	DVS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Russell, Phyllis		
2.3 STREET ADDRESS	28353 TASCA DR		
2.4 CITY-ST-ZIP	BONITA SPRINGS FL 33923		
3.1 TITLE	DT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	CARLSON DOUGLAS		
3.3 STREET ADDRESS	28353 TASCA DR		
3.4 CITY-ST-ZIP	BONITA SPRINGS FL 33923		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: *WR Russell II* DATE: **4-18-96** DAYTIME PHONE #: **941-947-7870**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)