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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

N95000001043 (7) **DOCUMENT #**

MIAMI FL 33169

REACHING THE UNREACHED THROUGH THE WORD AND PRAY ER. CORP.

Mailing Address Principal Place of Business 19120 N.W. MIAMI COURT 19120 N.W. MIAMI COURT **MIAMI FL 33169** MIAMI FL 33169 Date Incorporated or Qualified 03/06/1995 3a. Date of Last Report 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable P.D. BOX 694754 65-0583665 21 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees LORIDA Trust Fund Contribution 28 MIAMI 23 8. This corporation has liability for intangible tax under s. 199.032, Zip Yes X No 326 Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) DUGGAN, MAVIS R 82 19120 N.W. MIAMI COURT 83 **MIAMI FL 33169** Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable (12/95 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change DELETE 1.1 TITLE TITLE CR2E037 1.2 NAME DUGGAN, MAVIS R NAME 1.3 STREET ADDRESS 19120 N.W. MIAMI COURT STREET ADDRESS **MIAMI FL 33169** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 22 NAME KENDRICK, JAMES NAME 19120 N.W. MIAMI COURT 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33169** 2. 4'CITY-ST-ZIP Addition CITY-ST-ZIP Change **F** DELETE 3.1 TITLE TITLE DUGGAN, FRED 32 NAME NAME 19120 N.W. MIAMI COURT 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33169** 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE **BROWN, RICARDO** 4.2 NAME NAME 19120 N.W. MIAMI COURT 4.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33169** 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change 1 DELETE 5.1 TITLE D TITLE BARRETT, SANDRA 5.2 NAME NAME 19120 N.W. MIAMI COURT 5.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33169** 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 61 TITLE TITLE DUGGAN, DONNETTE 6.2 NAME NAME 19120 N.W. MIAMI COURT 6.3 STREET ADDRESS 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 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 certify 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. DUGGAN 4-12-96