

1-23-97 B-0631 -C

FILE NOW: FILING FEE IS \$61.25

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Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001820 (8)

1. Corporation Name

FOCUS ON CHRIST MINISTRIES, INC.

Principal Place of Business

ALAFAYA
1272 ALAFAYA TRAIL
OVIEDO FL 32765
US

Mailing Address

P.O. BOX 622226
OVIEDO FL 32762-2226
US3. Date Incorporated or Qualified
04/12/19953a. Date of Last Report
07/15/19964. FEI Number
59-3312869Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 1272 ALAFAYA TRAIL

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Oviedo, FL

City & State

28

Zip

24 32765

Country

25 US

Zip

29

Country

30

9. Name and Address of Current Registered Agent

FRANZ, FRED

~~2611 PICKETT DOWNS DR~~
CHULUOTA FL

10. Name and Address of New Registered Agent

81 Name Fred Franz

82 Street Address (P.O. Box Number is Not Acceptable)

1272 Alafaya Trail

84 City

Oviedo,

FL

85 Zip Code

32765

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANZ, FRED	
STREET ADDRESS	2611 PICKETT DOWNS DR	
CITY - ST - ZIP	CHULUOTA FL 32766	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARLEY, WILLIAM	
STREET ADDRESS	P O BOX 2226 N/A	
CITY - ST - ZIP	OVIEDO FL 32765	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARLEY, GAIL	
STREET ADDRESS	P O BOX 2226 N/A	
CITY - ST - ZIP	OVIEDO FL 32765	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BELLHORN, TED	
STREET ADDRESS	421 HILLCREST ST	
CITY - ST - ZIP	OVIEDO FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARPER, EVERETT	
STREET ADDRESS	429 W. CHURCH AVE	
CITY - ST - ZIP	LONGWOOD FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DTTTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fred Franz	
1.3 STREET ADDRESS	1272 Alafaya Trail	
1.4 CITY - ST - ZIP	Oviedo, FL 32765	

2.1 TITLE	O/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	William Barley	
2.3 STREET ADDRESS	P.O. Box 622226 N/A	
2.4 CITY - ST - ZIP	Oviedo, FL 32762-2226	

3.1 TITLE	O/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gail Barley	
3.3 STREET ADDRESS	P.O. Box 622226 N/A	
3.4 CITY - ST - ZIP	Oviedo, FL 32762-2226	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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: *William M. Barley* William M. Barley

1/9/97

(808)326-4589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014396

CR2E037 (9/96)