

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 07 1998 8:00am^B
Secretary of State

DOCUMENT # N95000002017 (0)

1. Corporation Name

WHOLE FAMILY MINISTRIES INC.



Principal Place of Business

Mailing Address

1282 TIMBERLANE ROAD
TALLAHASSEE FL 32312
US

PO BOX 14944
TALLAHASSEE FL 32317-4944
US

3. Date Incorporated or Qualified

04/27/1995

4. FEI Number

59-3357035

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 2858 REMINGTON GREEN

Suite, Apt. #, etc.

22 SUITE 113

City & State

23 TALLAHASSEE FL

Zip

24 32308

Country

25 US

2a. Mailing Address

26 2858 REMINGTON GREEN

Suite, Apt. #, etc.

27 SUITE 113

City & State

28 TALLAHASSEE FL

Zip

29 32308

Country

30 US

9. Name and Address of Current Registered Agent

SORNE, BRIEN R
1400 CANADIAN GEESE TRAIL
TALLAHASSEE FL 32311

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

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 PD ☐ DELETE

NAME SORNE, BRIEN R
STREET ADDRESS 1400 CANADIAN GEESE TRAIL
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD ☐ DELETE

NAME SORNE, ANNETTE C
STREET ADDRESS 1400 CANADIAN GEESE TRAIL
CITY-ST-ZIP TALLAHASSEE FL

TITLE SD ☒ DELETE

NAME ROSENBERG, ELIOT
STREET ADDRESS 2042 GREENWOOD DR.
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

S/T
HILL, JAMES H
3715 BOBBIN BROOK WEST
TALLAHASSEE, FL 32312

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT BRIEN R. SORNE 9/21/98 (850) 385-3521

Date

Daytime Phone #

CR2E037 (5/98)