

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 # N95000002220 (0)

1. Corporation Name

LABRIE MINISTRIES INCORPORATED



Principal Place of Business

1223 WOODCREST RD W
WEST PALM BEACH FL 33417

Mailing Address

1223 WOODCREST RD W
WEST PALM BEACH FL 33417

3. Date Incorporated or Qualified
05/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1980 8th TERRACE S.E.**

26 **1980 8th TERR. S.E.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **HOUSE**

27 **HOUSE**

City & State

City & State

23 **Winter Haven, Florida**

28 **Winter Haven, Florida**

Zip

Country

Zip

Country

24 **33880**

25 **USA**

29 **33880**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LABRIE, KENNETH
1223 WOODCREST RD W
WEST PALM BEACH FL 33417

81 Name **Kenneth LaBrie**

82 Street Address (P.O. Box Number is Not Acceptable)
1980 8th TERRACE S.E.

83 **HOUSE**

84 City **Winter Haven**

FL

85 Zip Code **33880**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D **LABRIE, KENNETH A**
1223 WOODCREST RD W
WEST PALM BEACH FL 33417

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D **COMBS, MARCIA A**
1223 WOODCREST RD W
WEST PALM BEACH FL 33417

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D **HUDGINS, LEWIS E**
1112 RANCHETTE RD
WEST PALM BEACH FL 33415

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D **SEAN M. LaBrie**
1980 8th TERRACE S.E.
Winter Haven, Florida 33880

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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D **SEAN M. LaBrie**
1980 8th TERRACE S.E.
Winter Haven, Florida 33880

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

PRESIDENT
Kenneth A. LaBrie
1980 8th Terr. SE.
Winter Haven, Florida 33880

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

VICE PRESIDENT
Marcia A. LaBrie
1980 8th TERRACE S.E.
Winter Haven, Florida 33880

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

SEAN M. LaBrie
1980 8th TERRACE S.E. NEW
Winter Haven, Florida 33880

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

SEAN M. LaBrie
1980 8th TERRACE S.E. NEW
Winter Haven, Florida 33880

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

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6.1 TITLE 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: **Kenneth A. LaBrie**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 6, 1996

Date

299-8947

Daytime Phone #

CR2E037 (12/95)