

**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 # **N95000002227**  
1. Corporation Name  
**S.U.P.P.O.R.T. MINISTRIES, INC.**

Principal Place of Business: **412 Zack St. Tampa, FL 33602**  
Mailing Address: **8480 Sheldon Rd. 128 Tampa, FL 33615 US**

3. Date Incorporated or Qualified: **05/09/1995**  
3a. Date of Last Report: **08/11/1995**  
4. FEI Number: **None**  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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent  
**Giles, John L.  
8716 Boyseberry Dr.  
Tampa, FL 33635**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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: *John L. Giles* (NOTE: Registered Agent signature required when reinstating) DATE: **July 26, 1996**

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Giles, John L.	
STREET ADDRESS	8716 Boyseberry Dr.	
CITY-ST-ZIP	Tampa, FL 33635	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Bradley, Daniel J.	
STREET ADDRESS	905 E. Jackson St.	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	O'Brien, Lester	
STREET ADDRESS	1705 N. Howard Ave.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Robinson, Linda	
STREET ADDRESS	6603 N. 33rd St.	
CITY-ST-ZIP	Tampa, FL 33610	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Secretary Letzku, Linda P.
4.3 STREET ADDRESS	9225 W. Patterson St.
4.4 CITY-ST-ZIP	Tampa, FL 33615
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	700001910067
6.3 STREET ADDRESS	-08/01/96--01009--013
6.4 CITY-ST-ZIP	***61.25

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: *John L. Giles* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **6/12/96** (813) 855-7703

CR2E037 (12/95)