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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002887 (6)**

1. Corporation Name

AQUILA MINISTRIES, INC.



Principal Place of Business 94 PROPHETS PKWY. SANTA ROSA BEACH FL 32459	Mailing Address 94 PROPHETS PKWY. SANTA ROSA BEACH FL 32459-0052
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3. Date Incorporated or Qualified 06/15/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 38 HOLIDAY SHORES CT Suite, Apt. #, etc. 22 City & State 23 DESTIN, FL. Zip 24 32541	2a. Mailing Address 26 38 HOLIDAY SHORES CT. Suite, Apt. #, etc. 27 City & State 28 DESTIN, FL. Zip 29 32541 Country 30 WALTON
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent ERVIN, JIMMIE L 94 PROPHETS PKWY. SANTA ROSA BEACH FL 32459	
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10. Name and Address of New Registered Agent 81 Name ERVIN, JIMMIE L 82 Street Address (P.O. Box Number is Not Acceptable) 38 HOLIDAY SHORES CT. 83 84 City DESTIN FL 85 Zip Code 32541	
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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 Jimmie L Ervin **38 HOLIDAY SHORES CT. DESTIN FL. 32541**
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	<input type="checkbox"/> DELETE
NAME	P/D ERVIN, JIMMIE L.
STREET ADDRESS	94 PROPHETS PKWY.
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459
TITLE	<input type="checkbox"/> DELETE
NAME	D/VP DAVIS, JAMES T.
STREET ADDRESS	RT. 2, BOX 3802
CITY-ST-ZIP	SANTA ROSA BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D/SP BUCK, DARRELL
STREET ADDRESS	RT. 1, BOX 4615
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459
TITLE	<input type="checkbox"/> DELETE
NAME	D/T FRAZIER, ROBERT
STREET ADDRESS	4000 HARVEST GROVE LANE
CITY-ST-ZIP	CONYERS GA 30208
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P/D ERVIN JIMMIE L
1.3 STREET ADDRESS	38 HOLIDAY SHORES CT.
1.4 CITY-ST-ZIP	DESTIN, FL. 32541
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 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: Jimmie L Ervin **April 14 97 904-654-5260**
Signature typed or printed name of officer or director Date Daytime Phone 0010346

CR2E037 (9/96)