Applied For

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N95000002887

1. Corporation Name

AQUILA MINISTRIES, INC.

| Principal Place of Business | , I | ٠. | - |
|---|-----|----|---|
| 38 HOLIDAY SHORES CT DESTIN FL 32541 | | | |
| US | | • | |

2. Principal Place of Business

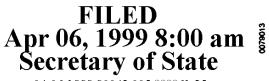
Suite, Apt. #, etc.

Mailing Address 38 HOLIDAY SHORES CT DESTIN FL 32541

2a. Mailing Address

Suite, Apt. #, etc.

26



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06/15/1995

4. FEI Number

| 2 | 17 (200) (18 1) 1 (20 th 1 (20 th 1) (20 th 1) | | | 59-3514971 | | Not | Applicable | |
|---|---|---|--------------------------|-------------------------|---|-------------|---------------|--------------|
| City & State | City & State City & State | | | | 5. Certificate of Status Desired | | \$8.75 A | |
| 3 | Sec. 16. 1. 12.6.1 | 28 | | | | | | |
| _ Zip | Country | — · - | Zip Country | | 6. Election Campaign Financing | | \$5.00 | |
| 4 | 25 | 29 30 | | Trust Fund Contribution | | Added to | rees | |
| | 9. Name and Address of Current | Registered Agent | | 1 | 10. Name and Address of New R | egistered A | egent | |
| | • | | 81 | Name | | | | |
| | | | 82 | Street Addr | ress (P.O. Box Number is Not Accepta | ible) | | |
| | AY SHORES CT | | 83 | | | | | |
| DESTIN F | L 32541 | 1 | | | | | <u> </u> | |
| | | | 84 | City | | FL | 85 Zip C | ode |
| | | | | L | poration submits this statement for the | | honging its r | onictored |
| office or n agent. I al SIGNATURE | egistered agent, or both, in the State of m familiar with, and accept the obligated agent, or printed name of registered agen | of Florida. Such change was autions of, Section 617.0503, Florid | nonzed by da Statutes | the corporation | ad when reinstating) | DATE | | |
| 12. | OFFICERS AN | | 13. | | ADDITIONS/CHANGES TO OF | FICERS AN | D DIRECTO | R\$ IN 12 |
| rifle | P/D | ☐ DELETE | 1.1 TITLE | | | | ☐ Change | Addition |
| IAME | ERVIN, JIMMIE L. | | 1.2 NAME | | | | | • |
| | 38 HOLIDAY SHORES CT | | | TADDRESS | | | | |
| TREET ADDRESS | DESTIN FL | | 1.4 CITY-S | | | | | |
| ITY-ST-ZIP | DAP | ☐ DELETÉ | 2.1 TITLE | 11-24 | | | Change | Addition |
| TITLE | | , | 2.2 NAME | | | | | |
| IAME | DAVIS, JAMES T. | | | | | | | |
| TREET ADDRESS | | | | TADORESS | | | | |
| TTY-ST-ZIP | SANTA ROSA BEACH FL | D actions | 2. 4 CITY-S | ST- ZIP | 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | | Change | Addition |
| TIRLE | D/SP | ☐ DELETE | 3.1 TITLE | 1 | • | | | |
| NAME | BUCK, DARRELL | | 3.2 NAME | | (1885) · 實行 | | | |
| TREET ADDRESS | RT. 1, BOX 4615 | | 3.3 STREET | TADORESS | ************************************** | | | |
| CITY-ST-ZIP | SANTA ROSA BEACH FL 32459 | | 3.4. CITY-5 | ST-ZIP | | | | T Addition |
| TTLE | D/T | ☐ DELETE | 4.1 TITLE | | | | Change | Addition |
| IAME | Frazier, Robert | | 4. 2 NAME | | | • | | |
| TREET ADDRESS | 4000 HARVEST GROVE LANE | | 4.3 STREE | T ADDRESS | ÷. | | | |
| ITY-ST-ZIP | CONYERS GA 30208 | - in the state of | 44 CITY-S | T-ZIP | | | | |
| ITLE | | ☐ DELETE | 5.1 TITLE | | | | Change | [-] Addition |
| AME | | | 5.2 NAME | | | | | |
| TREET ADDRESS | المحادث والمحادث | | 5.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | | | | |
| TITLE | 3 Sain in the March | DELETE | 6.1 TITLE | | | | Change | ☐ Addition |
| AME. | | DELETE DELETE | 6.2 NAME | 1 | | | | |
| NAUGE . | | | 6.3 STREE | | | | | |
| TOTEL ACCOUNT | | | | I ADURESS I | | | | |
| STREET ADDRESS | | | 6.4 CITY-S | 1 | | | | |

mpowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in