## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name N95000003041 (9)

MIRACLE CRUSADE MINISTRIES, INC.				T I DESIGET ERE TRIAL BUILD AFRIK ERIST	######################################
Principal Place	of Business	Mailing Address			
421 ED STREET FT WALTON BEACH FL 32547  421 ED STREET FT WALTON BEACH FL 32547					
				3. Date Incorporated or Qualified	3a. Date of Last Report
				06/22/1995	6.22.95
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	Ed Street	26 421 Ed	Street	59-3822141	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			— Fee Required
23 Fr W		28 Fr Walton	Beach, Fr	Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for in	· · · · · · · · · · · · · · · · · · ·
24 325			30 Okaloosa		Yes Do
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name	IcNab Steven G	Pau
MCNAB, STEVEN G 82 Street Address				ress (P.O. Box Number is Not Acceptable	<u>a., Kev.</u>
421 ED	STREET		47	I Ed Street	···
FT WAL	TON BEACH FL 32547		83		
			84 City		
				batton Beach	FL 52547
11. Pursuant	to the provisions of Sections 617,0502 red agent, or both, in the State of Florid	and 617.1508, Florida Statutes	, the above-named corpor	ration submits this statement for the purp rd of directors. I hereby accept the appo	cose of changing its registered office
familiar wi	th, and accept the obligations of, Section	on 617.0503, Florida Statutes.	by the corporation a coa		Ritherit as registered agent. I am
SIGNATURE	Kew 88400nt	- KEV.	STEVEN 6.	MCNAB	01.16.95
12.	Signature, typed or printed reme of registered agent of OFFICERS AND		: Registered Agent signature require 13.	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
TITLE	P	DELETE		reasurer	Change Addition
NAME	MCNAB, STEVEN	<b>_</b>		onne Lowitz	
STREET ADDRESS	421 ED STREET		1.3 STREET ADDRESS 4	616 RANGE RO	
CITY-ST-ZIP	FT WALTON BEACH FL 3254	7		CEVILLE, FL 32578	
TITLE	S	DELETE	2.1 TITLE	ustee .	Change Addition
NAME	STROBL, MICHAEL		2.2 NAME	abl Taylor	
STREET ADDRESS	421 ED STREET		2.3 STREET ADDRESS 7	as whipporwill Liv	
CITY-ST-ZIP	FT WALTON BEACH FL 3254		2.4 CITY-ST-ZIP	estin FL 32541	
TITLE	T	DELETE	3.1 TITLE	steen	☐ Change ☑ Addition
NAME	SCRUGGS, DONALD A			ette Patterson	
STREET ADDRESS	208 PATRICK DRIVE	_	3.3 STREET ADDRESS	51 Tammy	
CITY - ST - ZIP	FT WALTON BEACH FL 32547	-	<del></del>	WATER, CA 95301	
TITLE		DELETE	4.1 TITLE TIPE	stee	☐ Change ☐ Addition
NAME			4.2 NAME	Mis Phillips	
STREET ADDRESS			4.3 STREET ADDRESS	illis Phillips R. 4. Box 1201 adison, FL 32340	
CITY-ST-ZIP		Finerere	4.4 CITY-ST-ZIP	adison, FL 32340	D.Chango D.Addition
TITLE		□DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		المرازي مواسدت ي
STREET ADDRESS					
PINEEL MUDDEGO					
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		

red by 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 eath; 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: Por Study Rev. Studen G. McNab, Pres. 4.1695 904-864-4016