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Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morone</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004424 (6)**

1. Corporation Name

**UNTO HIM MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**217 BOSTON AVENUE  
ALTAMONTE SPRINGS FL 32701**

**P.O. BOX 941381  
MAITLAND FL 32794-1381**

2. Principal Place of Business

2a. Mailing Address

**21 5329 DIPLOMAT Circle**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite C**

**27**

City & State

City & State

**23 ORLANDO FL**

**28**

Zip

Country

Zip

Country

**24 32810**

**25 ORANGE**

**29**

**30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**09/15/1995**

4. FEI Number

**59-3336193**

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**HEMPHILL, BARBARA  
2136 CHIPPEWA TRAIL  
MAITLAND FL 32751**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 **BARBARA HEMPHILL, EXECUTIVE DIR. (Barbara Hemphill)** **JAN. 10, 1998**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD SINGLETON, DWIGHT**  
STREET ADDRESS **5466 BRACKEN CT.**  
CITY-ST-ZIP **WINTER PARK FL 32792**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **SINGLETON, DWIGHT**  
1.3 STREET ADDRESS **1065 LUNDY CT.**  
1.4 CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE ☐ DELETE  
NAME **D THOMPSON, NANCY**  
STREET ADDRESS **5310 LAKE HOWELL RD.**  
CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE ☐ DELETE  
NAME **VD BECTON, BILL**  
STREET ADDRESS **542-21 ORANGE DR.**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **PD BECTON, Bill**  
3.3 STREET ADDRESS **542-21 ORANGE DR**  
3.4 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE ☐ DELETE  
NAME **SD BECTON, PHYLLIS**  
STREET ADDRESS **542-21 ORANGE DR.**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **D NANCY MOORE**  
4.3 STREET ADDRESS **2002 KEWANEE TRAIL**  
4.4 CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE ☐ DELETE  
NAME **TD PHILLIPS, MARGIE**  
STREET ADDRESS **1700 DIANA DR.**  
CITY-ST-ZIP **WINTER PARK FL 32789**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **VD JOHN HEMPHILL**  
5.3 STREET ADDRESS **2136 CHIPPEWA TR.**  
5.4 CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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:

**Margie O. Phillips**

**Jan 14, 1998 (407) 422-1906**

CR2E037 (10/97)