

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 # N95000005672 (9)

1. Corporation Name

CLEAN SLATE MINISTRIES, INC.



Principal Place of Business

Mailing Address

17105 SAN CARLOS BLVD.
SUITE A6155
FORT MYERS, FL
BEACH 33931

17105 SAN CARLOS BLVD.
SUITE A6155
FORT MYERS FL
BEACH, 33931

3. Date Incorporated or Qualified
11/29/1995

3a. Date of Last Report
11/29/95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-334 8826

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

City & State

24

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEAULIEU, PETER
17105 SAN CARLOS BLVD.
SUITE A6155
FORT MYERS FL
BEACH, 33931

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BEAULIEU, PETER
STREET ADDRESS 15781 WINDWARD WAY CIRCLE, #5301
CITY-ST-ZIP FORT MYERS FL 33908

DELETE

1.1 TITLE PD
1.2 NAME BEAULIEU, PETER
1.3 STREET ADDRESS 14840 CANAAN DR.
1.4 CITY-ST-ZIP FT. MYERS, FL 33908

Change Addition

TITLE VD
NAME BEAULIEU, DEBORAH
STREET ADDRESS 15781 WINDWARD WAY CIRCLE, #5301
CITY-ST-ZIP FORT MYERS FL 33908

DELETE

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

Change Addition

TITLE TD
NAME ZAHORIAN, STEPHEN
STREET ADDRESS 15411 KILBIRNE DRIVE
CITY-ST-ZIP FORT MYERS FL 33912

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE SD
NAME ZAHORIAN, LISA
STREET ADDRESS 15411 KILBIRNE DRIVE
CITY-ST-ZIP FORT MYERS FL 33912

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME BETZER, DANIEL
STREET ADDRESS 6901 HARBOR LANE
CITY-ST-ZIP FORT MYERS FL 33919

DELETE

5.1 TITLE D
5.2 NAME DAN BETZER
5.3 STREET ADDRESS 6901 HARBOR LANE
5.4 CITY-ST-ZIP FT. MYERS, FL 33919

Change Addition

TITLE D
NAME CAMPBELL, WILLIAM
STREET ADDRESS 1412-3 PARKSHORE COURT
CITY-ST-ZIP FORT MYERS FL 33901

DELETE

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

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Deborah S. Beaulieu DEBORAH BEAULIEU 4/26/96 466-8788

CR2E037 (12/95)