

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 # N95000005759 (4)

1. Corporation Name

ROSE OF SHARON ENCOURAGING MINISTRIES, INC.



Principal Place of Business

Mailing Address

7511 VENETIAN STREET #8  
MIRAMAR FL 33023

4210 Lake Louisville Dr.  
Louisville, KY 40245

7511 VENETIAN STREET #8  
MIRAMAR FL 33023

P.O. Box 904  
Pawnee Valley, KY 40356

2. Principal Place of Business

2a. Mailing Address

21 ~~7511 Venetian Street #8~~  
Suite, Apt. #, etc.

26 ~~P.O. Box 19275~~  
Suite, Apt. #, etc.

22 City & State ~~Miramar, FL~~

27 City & State ~~Harrodsburg, KY~~

23 Zip ~~33023~~ Country ~~FL~~

28 Zip ~~40356~~ Country ~~USA~~

24 ~~33023~~ 25 USA

29 ~~40356~~ 30 USA

3. Date Incorporated or Qualified

12/04/1995

3a. Date of Last Report

4. FEI Number

65-0642739

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

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

EICHELHART, BRIAN  
1178 N.W. 78 WAY  
PLANTATION FL 33322

81 Name

Brian Eichelhart

82 Street

9420 Johnson Street

83

84 City

Pembroke Pines

FL

85 Zip Code

33024

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ron Wallace	
1.3 STREET ADDRESS	110 NW 207 Way	
1.4 CITY - ST - ZIP	Pembroke Pines, FL 33029	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kevin Murphy	
2.3 STREET ADDRESS	6457 Buchanan Street	
2.4 CITY - ST - ZIP	Hollywood, FL 33024	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Arthur C. Wolfe	
3.3 STREET ADDRESS	800 Washburn Ave #23	
3.4 CITY - ST - ZIP	Louisville, KY 40222	
4.1 TITLE	President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gary M. Keys	
4.3 STREET ADDRESS	4210 Lake Louisville Dr.	
4.4 CITY - ST - ZIP	Louisville, KY 40245	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	600001928056	
5.3 STREET ADDRESS	-08/21/96--01024--028	
5.4 CITY - ST - ZIP	***70.00	
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 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

4/26/97

7/22/97

Date

Date of Print

CR2E037 (12/95)