

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 # N95000005932 (7)

1. Corporation Name

POWER TAP MINISTRIES, INC.



Principal Place of Business

Mailing Address

503 WYLLY AVENUE
SANFORD FL 32773

503 WYLLY AVENUE
SANFORD FL 32773

3. Date Incorporated or Qualified

12/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-3366175

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

BUTLER, HARVEY
503 WYLLY AVENUE
SANFORD FL 32773

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 of the registered agent, and if not applicable, the corporation's board of directors.

(NOTE: Registered Agent's signature required when reinstating)

DATE

Harvey Butler

4-28-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BUTLER, HARVEY
STREET ADDRESS 503 WYLLY AVENUE
CITY-ST-ZIP SANFORD FL 32773

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME LAWSON, ROY
STREET ADDRESS 1313 CYPRESS AVENUE
CITY-ST-ZIP SANFORD FL 32773

☐ DELETE

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

☐ Change ☐ Addition

TITLE D
NAME BUTLER, MALCOLM
STREET ADDRESS 12750 S.W. 19TH STREET
CITY-ST-ZIP MIAMI FL 33175

☐ DELETE

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

☐ Change ☐ Addition

TITLE D
NAME MARTIN, BUSTER
STREET ADDRESS RT. 2 BOX 155-A
CITY-ST-ZIP SYLACAUGA AL 35150

☐ DELETE

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

☐ Change ☐ Addition

TITLE S
NAME WOODFIN, CATRINA
STREET ADDRESS 503 WYLLY AVENUE
CITY-ST-ZIP SANFORD FL 32773

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE T
NAME BUTLER, FLORENCE
STREET ADDRESS 503 WYLLY AVENUE
CITY-ST-ZIP SANFORD FL 32773

☐ DELETE

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

☒ Change ☐ Addition

Woodfin Catrina
503 Wylly Avenue
Sanford FL 32773

S/T
Florence Butler
503 Wylly Avenue
Sanford FL 32773

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

Florence Butler

4-26-96

(407) 321-8619

Date

Daytime Phone #

CR2E037 (12/95)