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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pg. 1 of 2

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N96000002669 (7)**

1. Corporation Name

ANDERSON MINISTRIES, INC.

Principal Place of Business	Mailing Address
~~388 MARION OAKS DRIVE~~ 6044 S.E. Agnew rd OCALA FL 34473 Belleview, Fla 34421	388 MARION OAKS DRIVE OCALA FL 34473-2605 Belleview, Fla 34421

3. Date Incorporated or Qualified: 05/20/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 6044 S E Agnew Rd
Suite, Apt. #, etc.
22: Belleview, Fl 34421
City & State
23:
Zip 24: 34421 Country 25: MARION

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: ☑ 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

ANDERSON, DARLENE
388 MARION OAKS DRIVE
OCALA FL 34473

New Address
6044 SE Agnew rd
Belleview, Fla 34421

10. Name and Address of New Registered Agent

81 Name: Darlene ~~Anderson~~ Anderson
82 Street Address (P.O. Box Number is Not Acceptable): 6044 S.E. Agnew Rd
83: Belleview, Fla
84 City: FL 85 Zip Code: 34421

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)

SECRETARY OF STATE
-08/28/97--01124--009
*****70.00 *****70.00

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Treasure	☐ DELETE Treasurer	1.1 TITLE	Andre Fortin	☐ Change ☐ Addition
NAME	Odores Fortin		1.2 NAME		
STREET ADDRESS	P.O. Box 76215		1.3 STREET ADDRESS	10030 SW 156 Pl	Director
CITY-ST-ZIP	Ocala, Fla ~~34470~~ 34481		1.4 CITY-ST-ZIP	Dunnellon, Fla 34432	
TITLE	Secretary	☐ DELETE	2.1 TITLE	Anglia Mandat	☐ Change ☐ Addition
NAME	Julia Hanna		2.2 NAME		
STREET ADDRESS	P.O. 76038		2.3 STREET ADDRESS	11685 SE 36 Ave	Director
CITY-ST-ZIP	Ocala, Fla 34481 S.S. 146-20-6134 D.L. H500-437-20-0		2.4 CITY-ST-ZIP	Belleview, Fla 34420	
TITLE	Chester Anderson	☐ DELETE	3.1 TITLE	Jerry Hale	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	6044 SE Agnew rd	Board Advisory	3.3 STREET ADDRESS	10021 SW 157 Lane	Advisory
CITY-ST-ZIP	Belleview, Fla 34421	Board	3.4 CITY-ST-ZIP	Dunnellon, Fla 34432	Board
TITLE		☐ DELETE	4.1 TITLE	~~Debbie LeDoux~~	☐ Change ☐ Addition
NAME	Christopher Anderson	Board	4. 2 NAME		Director
STREET ADDRESS	10021 SW 157 lane	Advisory	4.3 STREET ADDRESS	~~114 Franklin St Apt 308~~	
CITY-ST-ZIP	Dunnellon, Fla 34432	Board	4.4 CITY-ST-ZIP	~~Watertown, NY 13601~~	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Debbie LeDoux	Board	5.2 NAME		
STREET ADDRESS	114 Franklin St Apt 308		5.3 STREET ADDRESS		
CITY-ST-ZIP	Watertown, NY 13601		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☑ Change ☐ Addition
NAME	L.J Anderson	Board	6.2 NAME		
STREET ADDRESS	10021 SW 157 lane		6.3 STREET ADDRESS		
CITY-ST-ZIP	Dunnellon, Fla 34432		6.4 CITY-ST-ZIP		

D. Alan 8/26-97

CR2E037 (9/96)

14. I do 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.

352-873-3190

SIGNATURE: _____