FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

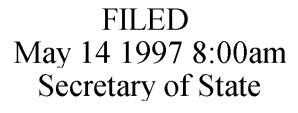
DOCUMENT # N9600002699 (4)

MIKE KRUGER MINISTRIES, INC.

Principal Place of Business 5147 FLICKER FIELD CIRCLE SARASOTA FL 34231 Mailing Address

P.O. BOX 19291

SARASOTA FL 34276-2291





3a. Date of Last Report

Date Incorporated or Qualified

							l	05/21/1996			
2. Principal Place of Business			2a. Mailing Address					4. FEI Number		A	oplied For
21			26					65-0682717			ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75	Additional
22			27					5. Certificate of Status Desired	Ш	Fee Re	berlupe
City & State			City & State					6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution			to Fees
Zip	C	ountry	Zip	L_C	ountry			8. This corporation has liability for	r intangible	tax under s	. 199.032,
24	25		29	30				Florida Statutes	Yes [
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
KRUGER, MARJORIE I						Name	Name				
						82 Street Address (P.O. Box Number is Not Acceptable)					
5147 FLICKER FIELD CIRCLE SARASOTA FL 34231											
					83						
					84	03				11	
					54	City			FL	85 Zip	Code
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the shows named corporation submits this statement for the purpose of changing its societaes.											
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 printer	d name of registered agent a	nd litte if applicable.	(NOTE Registe	red Age	ni s ⁱ gnalure	required :	when reinstaling)	DATE		
12		OFFICERS AND [DIRECTORS	13	3.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	IS IN 12
TITLE	D/P		L DE	LETE 1.1	TITLE					Change	Addition
NAME Mariorie I. Kruger					1.2 NAME						
NAME Mariorie I. Kruger STREET ADDRESS 5147 Flicker Field Circle					1.3 STREET ADDRESS						
CITY-ST-ZIP	Sarasota, FL 34231				1.4 City+St-ZiP						
TITLE	11	-	L DE	LETE 2.1	TITLE					Change	Addition
NAME 3	Kelly Cookerly				2.2 NAME						
NAME KELLY COOKERLY STREET ADDRESS 5147 Flicker Fire La Civ				2.3	2.3 STREET ADDRESS						
City-St-ZIP	1 .				2.4 CITY~ST-ZIP						ļ
TITLE	MA	1	DE		TITLE		-			☐ Change	Addition
NAME	Kay Hammer				3.2 NAME						
STREET ADDRESS	NAME Kay Hammer STREET ADDRESS 1002 S. Harbor IS. BIVE \$1605					ADDRESS	1				
CITY-ST-ZIP					3.4. CITY-ST-ZIP						ľ
TITLE	DIS		DEI		TITLE					Change	Addition
NAME	Beeky Six	fusson		4 ;	NAME	i	1			•	
STREET ADDRESS					4.3 STREET ADDRESS						
CITY-ST-ZIP	Himsdale 12 60521				4.4 CITY-ST-ZIP						
TITLE			☐ DEI		TITLE					Change	Addition
NAME				5.2	NAME					~	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP					CITY-SI						
TITLE	 -		DEL	· 	TITLE	-11				Change	Addition
NAME			•••		NAME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP					CITY - ST						
	by certify that the int	formation supplied w	ith this filing does o				lated in	Section 119 07(3)(i). Florida Statut	es I further	certify that	the

information indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Turcher certify that he information indicated on this annual report or supplied 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.

MONATURE DE SIGNATURE IN ASSESSED TO SEE AND ASSESSED TO SEE AND ASSESSED TO SEE ASSESSED.