1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600002699

Corporation Name

MIKE KRUGER MINISTRIES, INC.

Principal Place of Business 5147 FLICKER FIELD CIRCLE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

SARASOTA FL 34231

Mailing Address P.O. BOX 19291

SARASOTA FL 34276

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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## FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90222 001 \*\*\*\*61.25



3. Date Incorporated or Qualifed

5. Certificate of Status Desired

05/21/1996

65-0682717

4. FEI Number

23		28						- ree in	tequired
Zip	Country	Zip	Count			6. Election Campaign Financing		¥	May Be
24	25	29	30			Trust Fund Contribution Added to Fees			
Name and Address of Current Registered Agent						10. Name and Address of New R	egistered A	gent	
			-	81	Name				
KRUGER, MARJORIE I				82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
5147 FLICKER FIELD CIRCLE									
SARASOTA FL 34231				83					
			}	84	City			85 Zip	Code
					•		<u>FL</u>		
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.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	- Serie	arana iadamen	ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
TITLE	DV	DELETE	1.1 TIT	LE				Change	Addition
NAME	HAMMER, K		12 NA	ME	ļ				į
STREET ADDRESS	. '			REETA	ADORESS				Į.
CITY-ST-ZIP	HIGHLANDS NC 28741			Y-ST-					
TITLE	T	☐ DELETE	2.1 T/T	-				Change	☐ Addition
NAME	COOKERLY, KELLY		2.2 NA	ME	ĺ				ſ
STREET ADDRESS	5147 FLICKER FIELD CIR.		2.3 STI	REETA	NDDRESS				
CITY-ST-ZIP	SARSOTA FL		2. 4 CI	TY-ST	ZIP				
TITLE	DV	☐ DELETE	3.1 TtT	LΕ				Change Change	Addition
NAME	HAMMER, KAY		3.2 NA	ME					
STREET ADDRESS				REET A	ADDRESS				ļ
CITY-ST-ZIP	TAMPA FL		3.4. CI	TY-ST	-ZIP				
TITLE	DS	☐ DELETE	4.1 TIT	LE				Change	Addition
NAME .	SIGFUSSON, BECKY		4. 2 NA	WE					
STREET ADDRESS	311 E 7TH ST		4.3 STI	REET A	NODRESS				ļ
CITY-ST-ZIP	HINSDALE FL		4.4 CIT	Y-ST-	ZIP				
TITLE .		☐ DELETE	5.1 TIT					☐ Change	Addition
NAME			5.2 NA						;
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CIT		ZIP			<u> </u>	ET A LINK
TITLE		☐ DELETE	6.1 TT					☐ Change	Addition
NAME			6.2 NA						1
STREET ADDRESS					ADDRESS				
CITY-ST-ZiP			6.4 CIT						
14 Lharabu	certify that the information supplied with	this filing does not qualify	for the eyer	mntin	n stated in S	Section 119.07(3)(i). Florida Statutes, I	i turther certi	ry that the	intermation

4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), 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, with all other like empowered.

SIGNATURE

MASICALA FURE REQUIRED

SIGNATURE IND TYPED ON PRINTED NAME OF JIGNING OFFICER OR DIRECTOR

1/99 941-

941-923-5228 Daytime Phone # ~2E03/ (11/98)

Applied For

\$8.75 Additional

Not Applicable