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FILED

Mar 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000002765 (3)

1. Corporation Name

ENCOURAGEMENT MINISTRIES, INC.



Principal Place of Business

Mailing Address

358-D WEST 9 MILE ROAD  
SUITE 1000  
PENSACOLA FL 32534358-D WEST 9 MILE ROAD  
SUITE 1000  
PENSACOLA FL 32534-1818

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 2430 - #1000

22 City &amp; State

27 City &amp; State

23 Zip Country

28 PENSACOLA FL

24

29 32513-2430 30

3. Date Incorporated or Qualified  
05/20/19963a. Date of Last Report  
N/A

4. FEI Number

59-3382641

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

AMERICAN HOME BASE INC.  
358-D WEST 9 MILE ROAD  
SUITE 1000  
PENSACOLA FL 32534

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 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 NAME STREET ADDRESS CITY - ST - ZIP

1.1 TITLE PRESIDENT P Change Addition  
1.2 NAME MICHAEL J. BURKE D  
1.3 STREET ADDRESS S.B.T.S. Box 80-819, 2825 LEXINGTON ROAD  
1.4 CITY - ST - ZIP LOUISVILLE KY 40280

TITLE NAME STREET ADDRESS CITY - ST - ZIP

2.1 TITLE VICE-PRESIDENT V Change Addition  
2.2 NAME KENNETH L. HALLMARK, JR. D  
2.3 STREET ADDRESS 271 AZURE DRIVE  
2.4 CITY - ST - ZIP Mt. WASHINGTON KY 40047

TITLE NAME STREET ADDRESS CITY - ST - ZIP

3.1 TITLE VICE-PRESIDENT V Change Addition  
3.2 NAME Kimberly C. Africa D  
3.3 STREET ADDRESS CPO Box 47, 512 E. STEPHENS STREET  
3.4 CITY - ST - ZIP MIDWAY KY 40347-1120

TITLE NAME STREET ADDRESS CITY - ST - ZIP

4.1 TITLE SECRETARY/TREASURER ST Change Addition  
4.2 NAME PAMELA M. BURKE D  
4.3 STREET ADDRESS S.B.T.S. Box 80-819, 2825 LEXINGTON ROAD  
4.4 CITY - ST - ZIP LOUISVILLE KY 40280

TITLE NAME STREET ADDRESS CITY - ST - ZIP

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP

6.1 TITLE Change 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 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.

SIGNATURE:

Pamela M. Burke PAMELA M. BURKE 3/14/97 800-604-2181  
502 897-4822

CR2E037 (9/96)