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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000002856 (0)

1. Corporation Name

FAMILY FIRST MINISTRIES, INC.



Principal Place of Business

Mailing Address

29637 S. DIXIE HIGHWAY  
SUITE 342  
MIAMI FL 33033

29637 S. DIXIE HIGHWAY  
SUITE 342  
MIAMI FL 33033-3320

3. Date Incorporated or Qualified  
05/30/1996

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

24

25

29

30

4. FEI Number

65-0668136

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

STORES, RALF  
16275 S.W. 303 STREET  
HOMESTEAD FL 33033

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 P ☐ DELETE  
NAME STORES, RALF  
STREET ADDRESS 16275 S.W. 303 ST.  
CITY-ST-ZIP HOMESTEAD FL 33033

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
REV DE ARMAS  
2372 STONEGATE DRIVE  
WELLINGTON, FL. 33414

TITLE V ☐ DELETE  
NAME SVADBIX, JOHN  
STREET ADDRESS 29637 S. DIXIE HWY. SUITE 342  
CITY-ST-ZIP HOMESTEAD FL 33033

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

TITLE S ☐ DELETE  
NAME MONINGER, DAN  
STREET ADDRESS 12230 S.W. 28TH ST.  
CITY-ST-ZIP MIAMI FL 33175

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

TITLE D ☐ DELETE  
NAME O'BRIEN, STEVE  
STREET ADDRESS 142 A JENNY LANE  
CITY-ST-ZIP KEY LARGO FL 33037

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

TITLE D ☐ DELETE  
NAME MCGUIRE, DAN  
STREET ADDRESS 15455 S.W. 89TH COURT  
CITY-ST-ZIP MIAMI FL 33157

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

TITLE D ☐ DELETE  
NAME STORES, TAMMY  
STREET ADDRESS 16275 S.W. 303 ST.  
CITY-ST-ZIP HOMESTEAD FL 33033

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: RALF STORES, RALF  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 2-6-97 305-242-1423  
Date Daytime Phone # 0024220

CR2E037 (9/96)