

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002856 (0)**

1. Corporation Name

FAMILY FIRST MINISTRIES, INC.



Principal Place of Business 29637 S. DIXIE HIGHWAY SUITE 342 MIAMI FL 33033	Mailing Address 29637 S. DIXIE HIGHWAY SUITE 342 MIAMI FL 33033
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3. Date Incorporated or Qualified
05/30/1996

4. FEI Number
65-0668136

Applied For
☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORES, RALF	1.2 NAME	
STREET ADDRESS	16275 S.W. 303 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33033	1.4 CITY-ST-ZIP	
TITLE	V D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVADBIX, JOHN	2.2 NAME	
STREET ADDRESS	29637 S. DIXIE HWY. SUITE 342	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33033	2.4 CITY-ST-ZIP	
TITLE	S D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONINGER, DAN	3.2 NAME	
STREET ADDRESS	12230 S.W. 28TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, STEVE	4.2 NAME	
STREET ADDRESS	142 A JENNY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, DAN	5.2 NAME	
STREET ADDRESS	15455 S.W. 89TH COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	5.4 CITY-ST-ZIP	
TITLE	D T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORES, TAMMY	6.2 NAME	
STREET ADDRESS	16275 S.W. 303 ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33033	6.4 CITY-ST-ZIP	

14. I 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

4/20/98 305-242-1423

CR2E037 (10/97)