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Jun 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000004343 (7)

1. Corporation Name

RESPIRATORY MEDICAL MINISTRIES AND INTERNATIONAL
TRAINING INSTITUTE, INC.

Principal Place of Business

Mailing Address

1301 SARATOGA ST
DELAND FL 32724

1301 SARATOGA ST
DELAND FL 32724-2135



2. Principal Place of Business

2a. Mailing Address

21 SAME AS ABOVE

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified
08/15/1996

3a. Date of Last Report
N/A

4. FEI Number

Applied For

59-3421651

Not Applicable

5. Certificate of Status Desired

☐

\$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

BENNETT, DANIEL H
1301 SARATOGA ST
DELAND FL 32724

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 D ☐ DELETE
NAME BENNETT, NANCY D
STREET ADDRESS POST OFFICE BOX 9268
CITY-ST-ZIP GLENWOOD FL 32722

1.1 TITLE D ☐ Change ☐ Addition
1.2 NAME Bennett, Nancy D.
1.3 STREET ADDRESS 1301 Saratoga St.
1.4 CITY-ST-ZIP Deland, FL. 32724

TITLE D ☐ DELETE
NAME BENNETT, LISA L
STREET ADDRESS POST OFFICE BOX 9268
CITY-ST-ZIP GLENWOOD FL 32722

2.1 TITLE D ☐ Change ☐ Addition
2.2 NAME Bennett, Lisa L.
2.3 STREET ADDRESS 1301 Saratoga St.
2.4 CITY-ST-ZIP Deland, FL. 32724

TITLE D ☐ DELETE
NAME BENNETT, DANIEL H
STREET ADDRESS POST OFFICE BOX 9268
CITY-ST-ZIP GLENWOOD FL 32722

3.1 TITLE D ☐ Change ☐ Addition
3.2 NAME Bennett, Daniel H.
3.3 STREET ADDRESS 1301 Saratoga St.
3.4 CITY-ST-ZIP Deland, FL. 32724

TITLE D ☐ DELETE
NAME BENNETT, H T
STREET ADDRESS POST OFFICE BOX 9268
CITY-ST-ZIP GLENWOOD FL 32722

4.1 TITLE D ☐ Change ☐ Addition
4.2 NAME Bennett H. T.
4.3 STREET ADDRESS 1301 Saratoga St.
4.4 CITY-ST-ZIP Deland, FL. 32724

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
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.

CR2E037 (9/96)

904-736-4649
904-432-2712