SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name N96000005023 (4)

SEEKERS INTERNATIONAL MINISTRIES, INC.

Principal Place of Business Mailing Address 11402 RIVER KNOLL DRIVE JACKSONVILLE FL 32225 11402 RIVER KNOLL DRIVE JACKSONVILLE FL 32225 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 09/26/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3402482 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intengible 24 25 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo GEIGER, WESLEY P 82 Street Address (P.O. Box Number is Not Acceptable) 11402 RIVER KNOLL DRIVE 83 JACKSONVILLE FL 32225 84 City 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 rainstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE Change Addition GEIGER, WESLEY P NAME 1.2 NAME 11402 RIVER KNOLL DRIVE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-71P 1.4 CITY - ST - ZIP DELETE TITLE Change 21 TITLE Addition GOODWIN, PAUL NAME 2.2 NAME 11930 HARBOUR COVE DRIVE S STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIF 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME HARRISON, LEE 3.2 NAME 6189 LAKE TAHOE DR STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition GEIGER, DONNA NAME 4. 2 NAME 11402 RIVER KNOLL DRIVE STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE ☐ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 eath; 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.

FILED

Aug 01 1997 8:00am

Secretary of State