CR2E037 (11/98)

## **FILE NOW: FILING FEE IS \$61.25**

Mailing Address

P O BOX 21086

**BRADENTON FL 34204-1086** 

NONPROFIT **CCRPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N97000002083

Principal Place of Business 217-219 57TH AVE. EAST

BRADENTON FL 34203

MARY HOUSE MINISTRY, INC.

2. Principal Pt	Principal Place of Business 2a. Mailing Address 26				3. Date Incorporated or Qualifed 04/14/1997	
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number Applied For	
27					59-3444450 Not Applicable	
City & S ate		City & State	<del></del>		\$8.75 Ariditional	
		28			5. Certificate of Status Desired Fee Required	
Zip	Country	Zip	Country		6. Election Campaign Financing S5.00 May Be	
4	25	29 30	<u> </u>		Trust Fund Contribution Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
				81 Name		
GALVANO, WILLIAM S ESQ.			92	82 Street Address (P.O. Box Number is Not Acceptable)		
1023 MANATEE AVE. WEST			62	02 Street Address (1.0. Box Humber is Not Acceptable)		
			83	83		
BRADENTON FL 34210						
			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 approximent as registered						
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE						
	Signature, typed or printed na ne of registered agent a			t signature r	required when reinstating)  ADDITI(NS/CHANGES TO OFFICERS, AND DIRECTORS IN 12	
<u>12.</u>	OFFICERS AND	DELETE	13.			
TITLE	DT	□ DECEIE	1.1 TITLE		CARL THRUN	
NAME	DAVID P HAUCK		1.2 NAME		lange Oste Day to Roan	
STREET ADDRESS	5024 PERIDIA BLVD		1.3 STREET	ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34203		1.4 CITY-ST		SARA 801A, FL 34239	
TITLE	D	☐ DELETE	2.1 TITLE		Change Maddition	
NAME	BRUCE, JONATHAN		2.2 NAME		MISTY ANN DOYON-POPE	
STREET ADDRESS	9203 63RD AVE. EAST	2.3 \$		ADDRESS	11215 PARKSIDE PERSE	
CITY-ST-ZIP	BRADENTON FL 34202		2.4 CITY-S	T- <b>Z!P</b>	BRADENTON, FL 34202	
TITLE	DS	🔀 DELETE	3.1 TITLE		Change Addition	
NAME	DIANE HAND		3.2 NAME		SARAH CLOUD	
STREET ADDRESS	4416 K SPICEWOOD DR		3.3 STREET	ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34208		3.4. CITY-S	T- ZIP	SARASO, A, FL 34241	
TITLE	D	<b>D</b> DELETE	41 TITLE		Change KI Addrion	
NAME	FIORAVANTE, SUSAN		4. 2 NAME		AUGUST FREDI	
STREET ADDRESS	4326 PRESIDENTIAL AVE. CIRCL	E EAST	4.3 STREET	ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34203		4.4 CITY-ST	r-zip	BRADENTON, FL 3/203	
TITLE	DP	☐ DELETE	5.1 TITLE		Change Addition	
NAME	MICKEY, MARY LOU		5.2 NAME		KIETH HARVEY	
STREET ADDRESS	4902 KILTY COURT EAST		5.3 STREET	ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34203			r- ZIP	BRANDON FL 3351/	
TITLE	D	☐ DELETE	6.1 TITLE		Change Addition	
NAME	SLOSS, JOSEPH		6.2 NAME		FRIC VIGON	
STREET ADDRESS			6.3 STREET	ADDRESS	5400 OCEAN BOILEVAILD	
CITY-ST-ZIP	BRADENTON FL 34209		64 CITY-S		IFRIC VIGEN SYOO OCEAN BOLLEVAIRS SARASCTA, FL 34241	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0*(3)(i), Florida Statutes. If urther 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, with all other like empowered.						

APRIL 21, 1999 941-751-4635