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Sep 23 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000005071 (2)

1. Corporation Name

HONDURAS SUPPORT MINISTRIES, INC.

Principal Place of Business

Mailing Address

275 DELLA CT.
SPRING HILL FL 34806

275 DELLA CT.
SPRING HILL FL 34806

4627 LAKE IN THE WOODS DR.
SPRING HILL FL 34607

3. Date Incorporated or Qualified

09/09/1997

4. FEI Number

59-3481896

Applied For
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

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

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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
NAME HARRIGAN, ERNA D
STREET ADDRESS 275 DELLA CT. 4627 LAKE IN THE WOODS DR.
CITY-ST-ZIP SPRING HILL FL 34806 SPRING HILL FL 34607

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PVST
NAME HARRIGAN, ERNA D
STREET ADDRESS 275 DELLA CT. 4627 LAKE IN THE WOODS DR.
CITY-ST-ZIP SPRING HILL FL 34806 SPRING HILL FL 34607

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

TITLE D
NAME BERRY, MARSHA
STREET ADDRESS 275 DELLA CT. 7233 ROYAL OAKS DRIVE
CITY-ST-ZIP SPRING HILL FL 34806 SPRING HILL FL 34607

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

TITLE D
NAME LILLARD, JIM, 100 West Roundbark Lane
STREET ADDRESS 275 DELLA CT. AUSTIN TX 78714
CITY-ST-ZIP SPRING HILL FL 34806 6345

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

TITLE D
NAME EARL HARRIGAN
STREET ADDRESS 275 DELLA CT. 4627 LAKE IN THE WOODS
CITY-ST-ZIP SPRING HILL FL 34806 SPRING HILL FL 34607

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

TITLE D
NAME HUFFSTETLER, PAULETTE
STREET ADDRESS 275 DELLA CT. 4138 PINE DALE CTR
CITY-ST-ZIP SPRING HILL FL 34806 SPRING HILL FL 34607

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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

CR2E037 (10/97)