SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPERATIONS

DOCUMÉNT # N	97000006139 (6)
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HARLEY	OU Malitio	(0) 661 0000		
	MINISTRY INC.			
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Principal Pla	ce of Bu siness	Mailing Address		
10529 BAY S ST. PETERSE	itreef, n.e. Burg FL 33716	10529 BAY STREET. N.E. ST. PETERSBURG FL 337	716	Date Incorporated or Qualified 10/30/1997
	ē			4. FEI Number X Applied For
				59 353045 5 Not Applicable
	Place of Business	2a. Malling Address		5. Certificate of Status Desired \$8.75 Additional
21 Sulta Ant	# elc	Suite, Apt. #, etc.		Fee Required
Sulte, Apt. #, etc. Suite, Apt. #, etc. 27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & Sta	ite	City & State		7. Is this nonprofit corporation a homeowners association?
23		28		☐ Yes X No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curre	29	30	Personal Property Tax due June 30. Yes No
	5. Name and Address of Contr	ur vaðistalan viðaur	81 Name	10. Name and Address of New Registered Agent
DEVECEN	BERGER, HARLEY		Pfa	STENDERGER HARVE
	STREET SOUTH		82 Street Add	ress (P.O. Box Number is Not Acceptable)
#1035	OHÇE, OODIN		83	** *** *** *** *** *** *** *** *** ***
	RSBURG FL 33705		84 City	log 7% Oods
	-		84 City St.	P. Texs 6 un 9 FL 85 Zip Code
11. Pursuant	to the provisions of sections 617.0502	and 617,1508, Florida Statutes	. the above-named corpora	ation submits this statement for the purpose of changing its registered
agent. I a	m familia with, and accept the obliga	of Florida. Such change was all https://of.section.617.0503, Flori	ida Statutes.	n's board of directors. I hereby accept the appointment as registered
SIGNATURE	16 arker Of at	// U		01/4/09
		A CONTRACTOR OF THE PARTY OF TH		0// 8/ 7 8
12	Signature, typed or priviled name of registered age		TE: Registered Agent signature requ	
12.		ND DIRECTORS	PTE: Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	OFFICERS AF	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
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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.

6.3 STREET ADDRESS

SIGNATURE:

STREETADDRESS

CITY-ST-ZIP

8/18/98 727 570 5297

FILED

Oct 16 1998 8:00am³

Secretary of State