

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000000947

1. Entity Name
BISHOP JOHN W. SNELL MINISTRIES, INC.



Principal Place of Business
181 VERMONT AVE
FT LAUDERDALE, FL 33312

Mailing Address
181 VERMONT AVE
FT LAUDERDALE, FL 33312



07062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
31-1688632

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNELL, JOHN W
181 VERMONT AVE
FT LAUDERDALE, FL 33312

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Bishop John W. Snell*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/23/05

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000374636
07/27/05-80001-005 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SNELL, JOHN W
STREET ADDRESS 181 VERMONT AVE
CITY-ST-ZIP FT LAUDERDALE, FL 33312

TITLE SD
NAME MASTEN, CYNTHIA
STREET ADDRESS 4600 NW 49TH CT
CITY-ST-ZIP TAMARAC, FL 33319

TITLE TD
NAME SNELL, LOUISE
STREET ADDRESS 181 VERMONT AVE
CITY-ST-ZIP FT LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bishop John W. Snell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/05 954-797-0156