

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

NON-PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P10458 (8)**

1. Corporation Name  
**BURNHAM MINISTRIES INTERNATIONAL, INC.**



Principal Place of Business  
**2082 NW 19 WAY  
BOCA RATON FL 33431**

Mailing Address  
**2082 NW 19 WAY  
BOCA RATON FL 33431**

3. Date Incorporated or Qualified **06/17/1986** 3a. Date of Last Report **02/06/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 29 Zip 30 Country

4. FEI Number **34-6562555** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BURNHAM, DAVID L.  
2082 N.W. 19TH WAY  
BOCA RATON FL 33431**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BURNHAM, JONATHAN</b>	
STREET ADDRESS	<b>3296 MIZZEN MAST.</b>	
CITY-ST-ZIP	<b>MAINEVILLE OH</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CARKHUFF WALDO</b>	
STREET ADDRESS	<b>587 RIDGE RD</b>	
CITY-ST-ZIP	<b>WATCHUNG NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RYBKA, LAWRENCE</b>	
STREET ADDRESS	<b>11686 MAIDSTONE DR.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SIEGENTHALER, HAROLD</b>	
STREET ADDRESS	<b>1214 OAK KNOLL DR</b>	
CITY-ST-ZIP	<b>AKRON OH</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BURNHAM DAVID</b>	
STREET ADDRESS	<b>2082 NW 19TH WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>S/T</b>	<input type="checkbox"/> DELETE
NAME	<b>BURNHAM, SUE</b>	
STREET ADDRESS	<b>2082 NW 19TH WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL.</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>S/T BURNHAM, SUE</b>
6.3 STREET ADDRESS	<b>2082 NW 19TH WAY</b>
6.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *David L. Burnham* Date: Feb. 6, 1996 Daytime Phone #: 407-994 3432

CR2E037 (12/95)