

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 1:57

DOCUMENT # P13887 (5)

1. Corporation Name
MARRIAGE FULFILLMENT - PRESBYTERIAN EXPRESSION, INC.

Principal Place of Business Mailing Address
P. O. BOX 133 JACKSONVILLE OR 97500 1045 MERWIN RD. NEW KENSINGTON PA 15068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/03/1987 3a. Date of Last Report 01/31/1994
4. FEI Number 93-0693564 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 1813 W. 26th St.
22 City & State 27 San Pedro CA
23 Zip 28 90732 Country 29 USA
24 25 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

B. Name and Address of Current Registered Agent

FREEMAN, GARRY M
1037 TALLAVANA TRAIL
HAVANA FL 32333

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restateing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SHIREY, RICHARD
STREET ADDRESS	1045 MERWIN RD.
CITY-ST-ZIP	NEW KENSINGTON PA 15068
TITLE	SD
NAME	GOETZ, GARY
STREET ADDRESS	137 GARDENIA DR.
CITY-ST-ZIP	TURTLE CREEK PA 15145
TITLE	PD
NAME	SHIREY, NORMA
STREET ADDRESS	1045 MERWIN RD.
CITY-ST-ZIP	NEW KENSINGTON PA 15068
TITLE	VD
NAME	WIGALL, STEVE
STREET ADDRESS	298 LOWELL ST.
CITY-ST-ZIP	LAWRENCE MA 01841
TITLE	VD
NAME	WIGALL, LOLLY
STREET ADDRESS	298 LOWELL ST.
CITY-ST-ZIP	LAWRENCE MA 01841
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bodlovich, Mike
1.3 STREET ADDRESS	1813 W. 26 St.
1.4 CITY-ST-ZIP	San Pedro CA 90732
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sageasser Lee
2.3 STREET ADDRESS	822 Westchester Dr.
2.4 CITY-ST-ZIP	Vienna, VA 22182
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bodlovich, Martha
3.3 STREET ADDRESS	1813 W. 26 St.
3.4 CITY-ST-ZIP	San Pedro, CA 90732
4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Allin, Jerry
4.3 STREET ADDRESS	P.O. Box 247 W/A
4.4 CITY-ST-ZIP	Onalaska, WA 98570
5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Allin Dorothy
5.3 STREET ADDRESS	P.O. Box 247 W/A
5.4 CITY-ST-ZIP	Onalaska, WA 98570
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Martha Bodlovich 1-21-95 (310) 833-1043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Area #)