

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P26731 (0)

1. Corporation Name

ARTHUR BLESSITT EVANGELISTIC ASSOCIATION OUTREACH
FOR CHRIST, INCORPORATED

Principal Place of Business

3444 MARINATOWN LN.
SUITE 18
N. FT. MYERS FL 33903
US

Mailing Address

PO BOX 4737
N. FT. MYERS FL 33918
US



3. Date Incorporated or Qualified
10/27/1989

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
95-6205400

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

BLESSITT, ARTHUR O.
344 MARINATOWN LANE STE 18
NORTH FT. MYERS FL 33903

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3444 Marintown Lane Suite 18

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 617.0502, 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 PD
NAME BLESSITT, ARTHUR O.
STREET ADDRESS 3444 MARINATOWN LN., STE 18
CITY-ST-ZIP N. FT. MYERS FL ☐ DELETE

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

TITLE SD
NAME BLESSITT, DENISE
STREET ADDRESS 3444 MARINATOWN LN, STE 18
CITY-ST-ZIP N. FT. FORT MYERS FL ☐ DELETE

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

TITLE
NAME TURNER, GWIN
STREET ADDRESS 5918 SHENANDOAH
CITY-ST-ZIP LOS ANGELES CA ☐ DELETE

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

TITLE TD
NAME CANTRELL, BILL "PETE"
STREET ADDRESS 4204 E. ARLINGTON
CITY-ST-ZIP ADA OK ☒ DELETE

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

TITLE
NAME Turner, Norma
STREET ADDRESS 5918 Shenandoah
CITY-ST-ZIP Los Angeles, CA ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941
APR 11, 1996 997-5800

CR2E037 (12/95)