

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V35814 (5)

1. Corporation Name
LEAP OF FAITH, INC.

Principal Place of Business
10279 FRONT BEACH ROAD
PANAMA CITY FL 32407

Mailing Address
10279 FRONT BEACH ROAD
PANAMA CITY FL 32407

95 APR 19 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/13/1992	3a. Date of Last Report 03/23/1994
4. FEI Number 59-3123782	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 G. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 1007 E. Hwy 98 Suite, Apt. #, etc.	2a. Mailing Address 25 PO Box 28268 Suite, Apt. #, etc.
22 City & State 23 Destin FL	27 City & State 28 Panama City Bch, FL
24 Zip 25 U.S.A.	29 32411 30 U.S.A.

9. Name and Address of Current Registered Agent

KLEMEYER, MARK
10279 FRONT BEACH ROAD
PANAMA CITY FL 32407

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KLEMEYER, MARK	1.2 NAME	
STREET ADDRESS	10279 FRONT BEACH ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KLEMEYER, MARY LYNN	2.2 NAME	
STREET ADDRESS	10279 FRONT BEACH ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or appointed in accordance with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Klemyer

4-14-95

2342197
(904) 2331132