

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V35814 (5)

1. Corporation Name

LEAP OF FAITH, INC.

Principal Place of Business

Mailing Address

1007 E. HWY 98
DESTIN FL 32407
US

PO BOX 28268
PANAMA CITY FL 32407
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 PO Box 28268

22 City & State

27 City & State
28 PANAMA City Beach, FL

23 Zip Country

29 32411 30 US

3. Date Incorporated or Qualified

05/13/1992

3a. Date of Last Report

04/19/1995

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 s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

KLEIMEYER, MARK
10279 FRONT BEACH ROAD
PANAMA CITY FL 32407

10. Name and Address of New Registered Agent

81 Name Kleimeyer, MARK

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

83

84 City PANAMA City Beach FL 85 Zip Code 32411

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 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 of the principal officer or registered agent (if applicable)

(NOTE: Registered Agent Signature required when re-appointing)

DATE

6-7-96

12. OFFICERS AND DIRECTORS

TITLE D
NAME KLEIMEYER, MARK
STREET ADDRESS 10279 FRONT BEACH ROAD
CITY-ST-ZIP PANAMA CITY FL

TITLE D
NAME KLEIMEYER, MARY LYNN
STREET ADDRESS 10279 FRONT BEACH ROAD
CITY-ST-ZIP PANAMA CITY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/D
12 NAME Kleimeyer, MARK
13 STREET ADDRESS 120 Dragon Circle
14 CITY-ST-ZIP PANAMA City, FL 32411

21 TITLE V/D
22 NAME ~~MARY LYNN~~ Kleimeyer, MARY LYNN
23 STREET ADDRESS 120 Dragon Cir.
24 CITY-ST-ZIP PANAMA City, FL 32411

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

6-7-96 9042347197

CR2E034 (3/96)