

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

CORPORATION ANNUAL REPORT 1995

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



APPROVED AND FILED
 MAY - 1 AM 9:05
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 759519 (2)
 1. Corporation Name
ELEAZAR BIBLE MISSIONS, INC.

Principal Place of Business Mailing Address
 1910 OAK BRANCH WAY STONE MOUNTAIN GA 30087
 1910 OAK BRANCH WAY STONE MOUNTAIN GA 30087

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/06/1981** 3a. Date of Last Report **05/01/1994**

4. FEI Number **58-1454346** 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

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

2. Principal Place of Business 2a. Mailing Address
 21 State Apt #, etc 26 Suite, Apt #, etc
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
GINN, JUDY
4628 TROUT RIVER BLVD
JACKSONVILLE, FL
32208

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City FL B5 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 *Thomas J. Lathe, Director* DATE *April 25, 1995*

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAMBERT, HITE
STREET ADDRESS	RD # 1, BOX 6230
CITY, ST, ZIP	GRANTVILLE PA
TITLE	SD
NAME	LATHE, THOMAS J.
STREET ADDRESS	1910 OAK BRANCH WAY
CITY, ST, ZIP	STONE MOUNTAIN GA
TITLE	TD
NAME	LATHE, CAROL C.
STREET ADDRESS	1910 OAK BRANCH WAY
CITY, ST, ZIP	STONE MOUNTAIN GA
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exception stated in Section 1 (1) (3) (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: *Thomas J. Lathe* **THOMAS J. LATHE**, DIRECTOR, 4/25/95 404-756-6066