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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N00264

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| MACEDO | NIAN MINISTRIES, INC. | | | | | | | |
|--|--|--|--|--|--|---------------------------------|-------------------------------------|--|
| ncipal Place of | Business | Mailing Address | | | | | • | |
| 500 AIRPORT F TE 506 | | PO BOX 210304 BEDFORD TX 76095 | | | | | | |
| EDFORD TX 76095 IS | | US | | Date Incorporated or Qualified 12/08/1983 | 3a. Date of Last Report 05/16/1995 | | | |
| Principal Plac | e of Business | 2a. Mailing Address | | | 4. FEI Number | | ─ | plied For |
| тора С | | 26 | | | 59-2363884 | • | | t Applicable Additional |
| Suite, Apt. #, | etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | Fee Re | |
| City & State | | City & State | | | 6. Election Campaign Financing | | , | May Be |
| Only & Otalo | | 28 | | | Trust Fund Contribution | | Added t | |
| Zip | Country | Zip | Coun | itry | 8. This corporation has liability for | intangibie tax un □ Yes □ No | aers. 19 | 99 .032, |
| | 25 | nt Pegistered Agent | 30 | | Florida Statutes 10. Name and Address of New F | | nt | |
| | 9. Name and Address of Curre | iii negistereu Agent | · | 81 Name | | | | |
| ALIONEV | I CADIVIE | | | İ | ress (P.O. Box Number is Not Acceptat | oie) | | |
| 1107 E 9 | j, carlyle Ilver springs blvd. #2 | | | 82 Street Add | reas (F.O. DOX Hambor of Hot / Gooples | | | |
| OCALA FL | | | ŀ | 63 | | | | |
| JUNEA I | , 9541 A | | | 84 City | | 8 | 5 Zip (| Code |
| | | | | | ration submits this statement for the pure | FL | | |
| tamiliar with ≥NIATHEF | n, and accept the obligations of, sec | ction 617.0503, Florida Statut | es. | Agent signature require | ration submits this statement for the purif of directors. I hereby accept the applications are stated as the second of the secon | DATE | | |
| familiar with S | n, and accept the obligations of, Sec signature, typed or printed name of registered app OFFICERS A! | nt and title if applicable ND DIRECTORS | es. NOTE Registered 13. | Agent signature require | | DATE FICERS AND DIF | RECTOR | S IN 12 |
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SIGNATURE:

SCOTT W. FISH ON SIGNATURE AND THEED OF PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

5/6/96

817-283-8500

Daytime Phone #