

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

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Saraha B. Montsarr,  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N16715** (7)

1. Corporation Name  
**TRY JESUS MINISTRIES, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**CALVIN K. PANGBURN**  
**1047 WALT WILLIAMS ROAD**  
**LAKELAND FL 33809**

3. Date Incorporated or Qualified **09/09/1986** 3a. Date of Last Report **05/01/1994**

4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

21 Suite, Apt. #, etc 26 Suite, Apt. #, etc

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

22 City & State 27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

24 Zip 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under S. 198.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**PANGBURN, CALVIN**  
**1047 WALT WILLIAMS RD.**  
**LAKELAND FL 33809**

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 *C* **4-27-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANOBURN, CALVIN K	12 NAME	
STREET ADDRESS	1047 WALT WILLIAMS SR.	13 STREET ADDRESS	
CITY, ST, ZIP	LAKELAND FL	14 CITY, ST, ZIP	
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ABE	22 NAME	
STREET ADDRESS	6226 N. BLACK DAIRY ROAD	23 STREET ADDRESS	
CITY, ST, ZIP	SEFFNER FL	24 CITY, ST, ZIP	
TITLE	VTD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANGBURN, BARBARA	32 NAME	
STREET ADDRESS	1047 WALT WILLIAMS RD.	33 STREET ADDRESS	
CITY, ST, ZIP	LAKELAND FL	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.071(b)(6), 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: *Calvin K. Pangburn* **4-27-95** **1-813-858-9400**  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR