FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am § Secretary of State

05-04-1999 90062 049 ****61.25

		
DOCUMENT #	N16	3715

1. Corporation Name

TRY JESI	US MINISTRIES, INC.									
Principal Place	of Business	Mailing Address	p-			\dashv				
CALVIN K. PAN		CALVIN K. PANGBURN	,			1	1 1981 1881 1881 1881 1881 1881 1888	Ball Bill ia Bil li	DIAN BIBN BIBN	A1881 3 83 9
1047 WALT WM		- 1047 WALT WMS RD.								
LAKELAND FL 33809-							40 42 20 EIOID Pitil IBOOT 1100	 	#1911 B1611 #1811	JIBI: 1581
US		US								
7. Drive single Di	less of Business	2a. Mailing Address				3.	Date Incorporated or Qualifed			
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					09/09/1986					
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number App		Appl	ied For		
27						NOT APPLICABLE			Applicable	
City & State City & State			5. Cert			Certificate of Status Desired		\$8.75 Ad		
23		28							Fee Req	———
Zip	Country	Zip		untry		6.	Election Campaign Financing		\$5.00 M Added to	
24	25	29	30			10	Trust Fund Contribution Name and Address of New F	Pagistered A		rees
<u></u>	9. Name and Address of Current	Registered Agent	,	81	Name	10.	Name and Address of New I	(oglatorou -	- Bott	
	, -	EW ADDRESS		Ш						
PANGBURI		Barbie Pangburn		82	Street Add	ldress (F	P.O. Box Number is Not Accepta	able)		
		V. Daughtery Road nd, FL 33810-3233	•	83						
LAKELAND) FL-33809	941-858-9400		Ш						
	,	***		84	City			FL	85 Zip Co	ide
11 Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508. Florida Statu	ites, the	above	-named co	rporatio	n submits this statement for the	purpose of o	hanging its r	gistered
office or nagent. I a	registered agent, or both, in the State of im familiar with, and accept the obligati	of Florida. Such change was ions of, Section 617.0503, Fl	authorize orida Sta	ed by stutes.	the corpora	ation's b	oard of directors. I hereby accer	ot the appoin	tment as regi	stered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT	F: Registere	d Agen	t signature requ	ired when	reinstating)	DATE	.,,,,	<u> </u>
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OF	FICERS AN	DIRECTOR	S IN 12
	PD	☐ DELETE	1.1 T	TITLE					Change	☐ Addition
NAME	PANGBURN, CALVIN K		1.21	NAME						
STREET ADDRESS	1047 WALT WILLIAMS SR 1		1.3 5	STREET	ADORESS					
CITY-ST-ZIP	LAKELAND FL		1.40	CITY-S	T-ZIP					
TITLE	SD	☐ DELETE	2.1 T	TITLE					Change	Addition
NAME	BROWN, ABE								ondingo	
STREET ADDRESS	6226 N. BLACK DAIRY ROAD		2.21	NAME					Containing	
CITY-ST-ZIP	OZZO II. DZ IOII DIMITI IIOI				ADDRESS				Containgo	
	SEFFNER FL		2.35	STREET	į					Addition
TITLE	SEFFNER FL VTD	☐ DELETE	2.3 5 2.4 9 3.1 7	STREET CITY-S TITLE	į	_		•	Change	Addition
NAME	SEFFNER FL VTD PANGBURN, BARBARA	☐ DELETE	2.49 2.49 3.17 3.21	STREET CITY-S TITLE NAME	T-ZIP	_		•		☐ Addition
	SEFFNER FL VTD PANGBURN, BARBARA 1047 WALT WILLIAMS RD.	☐ DELETE	2.49 2.49 3.17 3.21	STREET CITY-S TITLE NAME	į	_		-		Addition
NAME	SEFFNER FL VTD PANGBURN, BARBARA		2.35 2.44 3.11 3.21 3.35 3.4.4	STREET CITY-S TITLE NAME STREET CITY-S	T-ZIP				Change	
NAME STREET ADDRESS	SEFFNER FL VTD PANGBURN, BARBARA 1047 WALT WILLIAMS RD.	DELETE	- 23 \$ 2.4 3.1 3.2 3.3 \$ 3.4 4.1 3.1 3.1 3.2 3.3 3.4 3.3	STREET CITY-S TITLE NAME STREET CITY-S TITLE	T-ZIP	_		•		Addition
NAME STREET ADDRESS CITY-ST-ZIP	SEFFNER FL VTD PANGBURN, BARBARA 1047 WALT WILLIAMS RD. LAKELAND FL		235 2.4 3.17 3.2 N 3.3 S 3.4.4 4.17	CITY-S TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS	_			Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	SEFFNER FL VTD PANGBURN, BARBARA 1047 WALT WILLIAMS RD. LAKELAND FL		235 2.41 3.11 3.21 3.35 3.4. 4.11 4.2 4.3	CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	T ADDRESS T ADDRESS T ADDRESS			-	Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEFFNER FL VTD PANGBURN, BARBARA 1047 WALT WILLIAMS RD. LAKELAND FL	□ DELETE	235 2.41 3.11 3.21 3.35 3.4. 4.11 4.2 4.33 4.40	CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S CITY-S	T ADDRESS T ADDRESS	in the second		•	☐ Change	☐ Addition
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14. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP