FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700001562

1. Corporation Name

RON PINKNEY EVANGELISTIC MINISTRIES, INC.

Principal Place of Business 37130 COUNTY RD 439 EUSTIS FL 32736

2. Principal Place of Business

Mailing Address

37130 COUNTY RD 439 EUSTIS FL 32736

2a. Mailing Address

26

FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90025 029 ****61.25

3. Date Incorporated or Qualifed 03/17/1997



_			26				40 / 11/ 100			
Suite, Apt. #	t etc		Suite, Apt. #, etc.				4. FEI Number 59-3442455		<u> </u>	ed For Applicable
7	r, 610.	1	27				39 3442433		\$8.75 Add	
City & State	<u> </u>	i	City & State				5. Certificate of Status Desir	red 🗆	Fee Requ	
_ * .		' <u></u>	28			.			\$5.00 M	lav Bo
	Co	untry	Zip	Co	untry		6. Election Campaign Finar	ncing 🗀	Added to	- 1
Zip 1	25	, · ·	29	30			Trust Fund Contribution	New Besieter		
<u> </u>	Q Name and A	ddress of Current Re	egistered Agent				10. Name and Address of	New Register	ed Agoin	
	5. Name and A	The second was	May to be district.		81	Name			·	
			CHESTER N. 21 Ch		82	Street Addr	ess (P.O. Box Number is Not A	cceptable)	-	-
PINKNEY	HUNALU C	POLICE SANS	经验 的 转列				<u></u>			
	UNTY RD 439	1			83					
EUSTIS FL 32736						City		-	85 Zip Co	ode
		1			84	City	1.500 数据 14.50 (15.5 <u>1) 数</u>	<u> е запряку э</u>	12 - 2 11 - 3 11 19 6 11	10-19: 11:1
STATE PRINTER	. <u> </u>	1	-4 047 4509 Florida Sts	tutes the	above	-named corp			e of changing its re	egistered istered
11. Pursuant	to the provisions of	Sections 617.0502 a	Florida. Such change wa	s authorize	ed by	the corporati	on's board of directors 1 nereby	accept the al	20 65 H 25 2 2 10 17	हिंगेरी दिश
agent. I a	im familiar with, and	accept the obligation	ns of, Section 617.0503,	Florida Sta	atutes	•	oration submits this statement on's board of directors of hereby			
		1	الأملاق فطهرا ورزوعين				ed when reinstating)	DATE	Ē	
SIGNATURE	Signature, typed or printe	O USIDE OF IRRIPRED OF URALLY OF	ta tida ii eppini	13		t digitalist to the	ADDITIONS/CHANGES	TO OFFICERS	3 AND DIRECTOR	RS IN 12
12.		OFFICERS AND	DIRECTORS		TITLE		12. 27. 15.00		Change	☐ Addition
TITLE	D .		IDC		1.2 NAME 1.3 STREET ADDRESS		50 54 (805)			
NAME	PINKNEY, RON									
STREET ADDRESS	37130 COUNT	/ _i RD 439								
CITY-ST-ZIP	EUSTIS FL 327	36			4 CITY-S	T-ZIP			☐ Change	☐ Addition
TILE	D	1	☐ DELETE		1 TITLE	}				
NAME	PINKNEY, GRE	GORY D		1 -	2 NAME				•	
STREET ADDRESS	37130 COUNT	Y RD 439		2.3	3 STREE	TADDRESS			٠.	
CITY-ST-ZIP	FUSTIS FL 327	736: <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>			4 CITY-	ST-ZIP			Change	Addition
TITLE	D		☐ DELETE	3.	.1 TITLE					_
NAME TO SERVICE		ENISE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.	.2 NAME	1	·		•	
NAME	ATTACA COLINIT	Y RD 439	* * * * * * * * * * * * * * * * * * * *	3.	.3 STREE	TADDRESS				
STREET ADDRES	\ 			3.	4. CITY-	ST-ZIP			Change	- FAGGITION
CITY-ST-ZIP	\ 		☐ DELET		.4. CITY-	ST-ZIP			Change	- [_] Addition
CITÝ-ST-ZIP	EUSTIS FL 32			E 4.	_			2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	Change	- LAddition
TITLE NAME COUR	EUSTIS FL 32		engram magalasinas	E 4.	,1 TITLE , 2 NAME				能為其關鍵	Addition
CITY-ST-ZIP	EUSTIS FL 32			E 4.	,1 TITLE , 2 NAME	ET ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	EUSTIS FL 32		engram magalasinas	E 4.	,1 TITLE , 2 NAME , 3 STRE	ET ADDRESS ST-ZIP			能為其關鍵	
CITY-ST-ZIP TITLE NAME O COSES STREET ADDRES CITY-ST-ZIP TITLE	EUSTIS FL 32		endi in decelle gesti in la cistin	E 4 4 4 4 E 5	1,1 TITLE 1, 2 NAME 1,3 STRE 1,4 CITY-	ET ADDRESS ST-ZIP				
CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	EUSTIS FL 32		endi in decelle gesti in la cistin	E 4.4 4 4 E 5	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP				
CITY-ST-ZIP TITLE NAME O COURS STREET ADDRES CITY-ST-ZIP TITLE	EUSTIS FL 32		endi in decelle gesti in la cistin	E 4.4 4.4 E 5.5	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS	West of the second		Change	Addition
CITY-ST-ZIP TITLE NAME O COURS STREET ADDRES CITY-ST-ZIP TITLE NAME	EUSTIS FL 32	736	endi in decelle gesti in la cistin	E 4.4.4.4.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ST-ZIP	Office than			Addition
CITY-ST-ZIP TITLE NAME COURS STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	EUSTIS FL 32	736	gerar in John Pink • gerar in Nord-Strin ☐ DELET	E 4 4 4 4 E 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ST-ZIP			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	EUSTIS FL 32	736	gerar in John Pink • gerar in Nord-Strin ☐ DELET	E 4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ST-ZIP	Office than		Change	Addition
CITY-ST-ZIP TITLE NAME COUNTY STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	EUSTIS FL 32	736	DELET	E 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 6.1 TITLE 6.2 NAME 6.3 STRE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	Office than		☐ Change	Addition

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made dides death, indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made dides death, or of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name 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 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 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 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 of the corporation or the receiver or trustee empowered.