FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005109 (3)

1. Corporation Name
PASSION MINISTRIES, INC.

Principal Place of Business	Mailing Address
301 E. CENTRAL AVENUE BLOUNTSTOWN FL 32424	301 E. CENTRAL AVENUE BLOUNTSTOWN FL 32424

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3449728 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 1100 Calhoun AVE
22: Suite, Apt. #, etc.
23: City & State: Blountstown FL
24: Zip: 32424 25: Country

2a. Mailing Address
26: Route 1
27: Suite, Apt. #, etc.: Box 17-B
28: City & State: Altha FL
29: Zip: 32421 30: Country: Calhoun

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

9. Name and Address of Current Registered Agent

FOLK, JIMMY
ROUTE 1, BOX 17B
ALTHA FL 32421

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FOLKS, JIMMY C	12 NAME	
STREET ADDRESS	ROUTE 1, BOX 17B	13 STREET ADDRESS	
CITY-ST-ZIP	ALTHA FL 32421	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FOLKS, PATSY C	22 NAME	
STREET ADDRESS	ROUTE 1, BOX 17B	23 STREET ADDRESS	
CITY-ST-ZIP	ALTHA FL 32421	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	FOLKS, DONNIE E	32 NAME	
STREET ADDRESS	2033 DESOTO AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	SNEADS FL 32460	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FOLKS, LISA L	42 NAME	
STREET ADDRESS	2033 DESOTO AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	SNEADS FL 32460	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	RIDLEY, HAROLD D	52 NAME	
STREET ADDRESS	ROUTE 1, BOX 16	53 STREET ADDRESS	
CITY ST ZIP	BLOUNTSTOWN FL 32424	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	RIDLEY, KATHY	62 NAME	
STREET ADDRESS	ROUTE 1, BOX 16	63 STREET ADDRESS	
CITY ST ZIP	BLOUNTSTOWN FL 32424	64 CITY-ST-ZIP	

BR 5/18

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: Jimmy C Folks — 4/25/95 — 904-674-8437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008763