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FILED

May 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005109 (3)

1. Corporation Name

PASSION MINISTRIES, INC.



Principal Place of Business

Mailing Address

1100 CALHOUN AVE
BLOUNTSTOWN FL 32424ROUTE 1
BOX 17-B
ALTA FL 32421-88013. Date incorporated or Qualified
10/17/19943a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3249728Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME FOLKS, JIMMY C
STREET ADDRESS ROUTE 1, BOX 17B
CITY-ST-ZIP ALTA FL 324211.1 TITLE ☐ Change ☒ Addition
1.2 NAME Vickie Harmon
1.3 STREET ADDRESS 311 North 16th
1.4 CITY-ST-ZIP Blountstown, FL 32424TITLE D ☐ DELETE
NAME FOLKS, PATSY C
STREET ADDRESS ROUTE 1, BOX 17B
CITY-ST-ZIP ALTA FL 324212.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME FOLKS, DONNIE E
STREET ADDRESS 2033 DESOTO AVENUE
CITY-ST-ZIP SNEADS FL 324603.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME FOLKS, LISA L
STREET ADDRESS 2033 DESOTO AVENUE
CITY-ST-ZIP SNEADS FL 324604.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME RIDLEY, HAROLD D
STREET ADDRESS ROUTE 1, BOX 16
CITY-ST-ZIP BLOUNTSTOWN FL 324245.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME RIDLEY, KATHY
STREET ADDRESS ROUTE 1, BOX 16
CITY-ST-ZIP BLOUNTSTOWN FL 324246.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

Vickie Harmon, Secretary

5/19/97

904.624-4989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/96)