

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1996 5-1-96

B-6357-C

DOCUMENT # 732521

(0)

1. Corporation Name

ASSOCIATED MINISTRIES, INC.

Principal Place of Business

Mailing Address

4791 SHEFFIELD DR.
P.O. BOX 450
MARIANNA FL 32446

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P.O. BOX 450
MARIANNA FL 32446



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/22/1975		3a. Date of Last Report 07/20/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-1680467		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

HOLLIS, JACK E.
4295 KELSON AVE
MARIANNA FL 32446

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 *Jack E. Hollis*

(NOTE: Registered Agent signature required when reinstating)

DATE 5-6-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HOLLIS, JACK E	1.2 NAME	
STREET ADDRESS	4295 KELSON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	ARNOLD, ZACHARY L	2.2 NAME	VD
STREET ADDRESS	1716 ILLIONS AVE	2.3 STREET ADDRESS	ARNOLD, ZACHARY L
CITY-ST-ZIP	LYNN HAVEN FL 32444	2.4 CITY-ST-ZIP	4466 PUTNAM ST
TITLE	STD	3.1 TITLE	MARIANNA, FL. 32446
NAME	HOLLIS, SHELLIE F.	3.2 NAME	
STREET ADDRESS	4295 KELSON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MAYO, GENOUS R.	4.2 NAME	
STREET ADDRESS	103 FOREST ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HEZELHURST, GA 31539	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:

Shellie F. Hollis Shellie F. Hollis

5-6-96

904-526-4475

CR2E037 (12/95)