

FILE NOW: FILING FEE IS \$61.25

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Jan 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732521** (0)

1. Corporation Name

ASSOCIATED MINISTRIES, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/22/1975

4. FEI Number

59-1680467

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

HOLLIS, JACK E.  
4295 KELSON AVE  
MARIANNA FL 32446

81 Name

Hollis Jack E

82 Street Address (P.O. Box Number is Not Acceptable)

4476 Broad Street

83

84 City

Marianna

FL

85 Zip Code

32446

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLLIS, JACK E	
STREET ADDRESS	4295 KELSON AVE.	
CITY-ST-ZIP	MARIANNA FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARNOLD, ZACHARY L	
STREET ADDRESS	4466 PUTNAM STREET	
CITY-ST-ZIP	MARIANNA FL	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	HOLLIS, SHELLIE F.	
STREET ADDRESS	4295 KELSON AVE	
CITY-ST-ZIP	MARIANNA FL 32446	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAYO, GENOUS R	
STREET ADDRESS	103 FOREST STREET	
CITY-ST-ZIP	HEZELHURST GA	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hollis Jack E	
1.3 STREET ADDRESS	4476 Broad St	
1.4 CITY-ST-ZIP	Marianna FL 32446	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hollis, Shellie F.	
3.3 STREET ADDRESS	4476 Broad St.	
3.4 CITY-ST-ZIP	Marianna, FL 32446	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SHELLIE F. HOLLIS

1-5-98

850-526-4477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)