

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 733957

(5)

1. Corporation Name

JOHN L. BRAY MINISTRY, INC.



Principal Place of Business

4816 PILGRIM LANE  
LAKELAND FL 33809  
US

Mailing Address

P.O. BOX 90129  
LAKELAND FL 33804  
US

3. Date Incorporated or Qualified  
09/30/1975

3a. Date of Last Report  
01/25/1995

2. Principal Place of Business

21 AS ABOVE

2a. Mailing Address

26 AS ABOVE

4. FEI Number

51-0175786

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. 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

BRAY, JOHN L.  
4816 PILGRIM LANE  
LAKELAND FL 33809

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

Jan 22, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BRAY, JOHN L.  
STREET ADDRESS 4816 PILGRIM LANE  
CITY-STATE-ZIP LAKELAND FL

☐ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE D  
NAME REYNOLDS, ROY L.  
STREET ADDRESS 1005 N. VERMONT ST.  
CITY-STATE-ZIP PLANT CITY FL

☐ DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE D  
NAME BRAY, MARY EVELYN  
STREET ADDRESS 4816 PILGRIM LANE  
CITY-STATE-ZIP LAKELAND FL

☐ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96

Date

Daytime Phone #

(941) 858-6625

CR2E037 (12/95)