

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 # 741853 (6)

1. Corporation Name

TELL MINISTRIES, INC.



Principal Place of Business

4040 CITRUS DRIVE
NEW PORT RICHEY FL 34652

Mailing Address

4040 CITRUS DRIVE
NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified
03/01/1978

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1963475

Applied For
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, IRVIN F.
4040 CITRUS DRIVE
NEW PORT RICHEY FL 34652

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

TITLE PD ☐ DELETE
NAME JOHNSON, IRVIN F
STREET ADDRESS 4040 CITRUS DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL00000

TITLE VD ☐ DELETE
NAME LILLY, WENDEL
STREET ADDRESS 6266 51ST AVENUE NO.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE STD ☐ DELETE
NAME JOHNSON, PEARL H
STREET ADDRESS 4040 CITRUS DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL00000

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 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:

Irvin F. Johnson P/D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96

Date

(813) 848-2844

Daytime Phone #

CR2E037 (12/95)