FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 741853

(6)

Mailing Address

4040 CITRUS DRIVE

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

NEW PORT RICHEY FL 34652

TELL MINISTRIES, INC.

Principal Place of Business

NEW PORT RICHEY FL 34652

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

4040 CITRUS DRIVE

FILED Jan 22 1998 8:00am Secretary of State

1 38 8 131 1 B 8 11	m1881 11881	INIST BILL	FIER MIRI	ESRIT MINIS	#1#JI ###CF	OLDIT 10

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

03/01/1978

59-1963475

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

City & Stat	te	City & State				7. is	7. Is this nonprofit corporation a homeowners association?												
23				28				_l_	Yes No										
Zip	Zip Country				Zip Country				8. This corporation owes or has paid the current year Intangible										
24 25 29						30	Personal Property Tax due June 30.							☐ Yes ☐ No					
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent																			
							81	N	lame										1
JOHNS	on, irvin f	ξ.					82	S	treet Addre	ess (P.C) Box Nun	her is N	lot Acce	ntable)	1				-
4040 CI	TRUS DRIV	Έ								000 (0	J. DOM 11011		.00.7.000	plable					. 1
NEW PORT RICHEY FL 34652																			
							84	_	City 85						7:+ 0	Zip Code			
							34	١٢	иц						FL	85	ZIP (ode	
11. Pursuant	to the provis	ions d	of Sections 617.0502	and 617.15	08, Florida Statute	s, the a	DOVE	e-na	amed corpo	oration s	submits thi	s staten	ent for t	he pur	ose of	chang	ing its	register	ed
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.												ا د							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature reculred when reinstating) DATE																			
12.			OFFICERS AND I	DIRECTOR		13.				AD	DITIONS/	HANGE	S TO O	FFICEF	S AND	DIREC	CTOR	3 IN 12	
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information information length on the purple report or supplemental approach cover of the section of the secti										C									
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.																			