

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 # 754577 (5)

1. Corporation Name

JIM PONDER MINISTRIES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 547995
ORLANDO FL 32854

P.O. BOX 547995
ORLANDO FL 32854



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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3. Date Incorporated or Qualified

10/10/1980

3a. Date of Last Report

03/29/1995

4. FEI Number

59-2093417

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

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

**PONDER, JAMES A.
2000 COUNTRYSIDE CIRCLE NO.
ORLANDO FL 32804**

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
NAME PONDER, JAMES A
STREET ADDRESS 2000 COUNTRYSIDE CIRCLE, N
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE VD
NAME WATERS, PAUL
STREET ADDRESS 1065 CAMPBELL
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE TD
NAME PONDER, JOYCE
STREET ADDRESS 2000 COUNTRYSIDE CIRCLE, N.
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME VICKERY, ROBERT
STREET ADDRESS 301 SALVADOR SQUARE
CITY-ST-ZIP WINTER PARK FL

☐ DELETE

TITLE D
NAME HODGES, A. PAYTON
STREET ADDRESS 348 NELSON AVENUE
CITY-ST-ZIP LONGWOOD FL

☐ DELETE

TITLE D
NAME MCCONNELL, BRIGHT
STREET ADDRESS 1319 NEW YORK AVENUE
CITY-ST-ZIP WINTER PARK FL

☐ DELETE

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:

Joyce Ponder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce Ponder

2/9/96
Date

407/843-8433
Daytime Phone #

CR2E037 (12/95)