

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 29, 2004 8:00 am
Secretary of State

06-29-2004 90002 004 ****61.25

DOCUMENT # 765982

1. Entity Name:
COME AND HELP MINISTRIES, INC.



Principal Place of Business

**P O BOX 191212
MOBILE, AL 36619**

Mailing Address

**P O BOX 191212
MOBILE, AL 36619**

34059220



06202004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2319126

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RANOW JR., THOMAS
2801 SW COLLEGE RD #1
OCALA, FL 32674**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BRYANT, TERRY
STREET ADDRESS 5112 N BROOKLINE DR
CITY-ST-ZIP MOBILE, AL 36693

TITLE TD
NAME BRYANT, SHERRY
STREET ADDRESS 5112 N BROOKLINE DR
CITY-ST-ZIP MOBILE, AL 36693

TITLE SD
NAME TURNER, JOHN
STREET ADDRESS 2719 RIDGEWOOD AVENUE
CITY-ST-ZIP PASCAGOULA, MS 39567

TITLE VD
NAME CAGLE, RICHARD M
STREET ADDRESS 11200 HOWELLS FERRY ROAD
CITY-ST-ZIP SEMMES, AL 36575

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Terry Bryant **Terry Bryant**

6-21-04

**(251)
751-2744**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #