## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

FILED

Sep 17 1997 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 770432 (3)

1. Corporation Name					
NEVER!	THELESS MINISTRIES INC	<b>.</b>			
1161611	TILLESS THE THICK	<b>,</b>		I ABBITE JOSE TOBER ABITE BIRAN ATTA	(å) 8(8)( 8:8)( 8:8)( 8)8)( 8)8)( 8:8)( 8)8)(
Principal Plac	e of Business	Mailing Address		1 100 HI 100 H 100 H 0 2 H 1 H 10 H 1 H 1 H 1	IRI AIBIT AIRIT BIRIF BIRIT AIRIT BIRIT ÉIRIT IBÉI
		2156 HEATH GREEN PLACE	NORTH		
		JACKSONVILLE FL 32246 US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 3a. Date of Last Report	
				09/27/1983	09/03/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 11326	Monument Landing B1		<u>ent LandingBl</u>	vd. 59-2337080	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	A	City & State		6. Election Campaign Financing	<del></del>
<u> </u>	nville, FL 32225	28 Jacksonville	. FL 32225	Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	<del></del>
24 32225	25 USA		30 USA	Personal Property Tax due June	30. Yes 🔀 No
	g. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name	all F Holmon Ir	
HOLMAN, TERRELL F JR				ell F. Holman, Jr. dress (P.O. Box Number is Not Acceptab	
2158 HEATH GREEN PLACE NORTH			11326	Monument Landing Blv	d
JACKSU	NVILLE FL 32246		03		
			84 City		FL 85 Zip Code 32225
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 617.7303, Florida Statutes.			Jackso	nville	
office or r	registered agent, or both, in the State	of Florida, Such change was au	thorized by the corpora	ation's board of directors. I hereby accept	of the appointment as registered
		# /# A # # #	1 1 HAMA		9/12/97
SIGNATURE	Terrell F. Holman, J Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signature requ		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD TEODER E ID	☐ DELETE		D	XX Change Addition
NAME	HOLMAN, TERRELL F JR	IODTU		OLMAN, TERRELL F. JR.	
STREET ADDRESS	2156 HEATH GREEN PLACE N JACKSONVILLE FL	IUNIA		1326 Monument Landing	
CITY-ST-ZIP TITLE	VD	DELETE		acksonville, FL 3222	Change Addition
NAME	HOLMAN, DEBORAH E		V	D COLMAN Dahamah E	Change E Fidalion
STREET ADDRESS	2156 HEATH GREEN PLACE N	IORTH	I	OLMAN,Deborah E 1326 Monument Landing	Divid
CITY-ST-ZIP	JACKSONVILLE FL	. •		acksonville, FL 3222	
TITLE	STD	☐ DELETE	3.1 TITLE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Change Addition
NAME	ZINK, PAUL D.		3.2 NAME		
STREET ADDRESS	2701 HODGES BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP	<u> </u>	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		•	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<del></del>		4.4 CITY-ST-ZIP		Change Addition
I TITIF		DELETE	5111111		
TITLE NAME		DELETE	5.1 TITLE 5.2 NAME		
name		DELETE	5.2 NAME		
NAME Street address		DELETE	5.2 NAME 5.3 STREET ADDRESS		
name		☐ DELETE	5.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		

14. I do 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 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.

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