FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

F9300002756 (5)

LARRY JONES INTERNATIONAL MINISTRIES, INC.

Principal Place of Business Mailing Address					1 100/100 1100 10111 20/11 00/11	
P.O. BOX 36 OKLAHOMA C	HTY OK 73101-0036	P.O. BOX 36 OKLAHOMA CITY O	K 73101-0036			
					 Date Incorporated or Qualified 06/14/1993 	3a. Date of Last Report 01/26/1995
2. Principal Pia	ce of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			73-6108657	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	28		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Žip	Country	Ζip	Countr	У	8. This corporation has liability for in	
24	25	29	30		Florida Statutes Yes No 10. Name and Address of New Registered Agent	
	9. Name and Address of Curre	ent Hegistered Agent	8	Name	10. Name and Address of New He	gistered Agent
GEEKER, VAN P						
	TH CALHOUN STREET		82 Street A		dress (P.O. Box Number is Not Acceptable	9)
TALLAHA		8:	3			
IACCAIA	OOLL IE GEOOT					· · · · · · · · · · · · · · · · · · ·
			8-	4 City		FL 85 Zip Code
or registere	o the provisions of Sections 617.050 ad agent, or both, in the State of Flo h, and accept the obligations of, Sec	xida. Such change was autho	orized by the cor	-named corporation's bo	oration submits this statement for the purpled of directors. I hereby accept the appoint	ose of changing its registered office intment as registered agent. I am
SIGNATURE _			(NOTE: Registered Ag		includes a significant	DATE
Signature, typod or printed nair e of registered agent and title it applicable (NOTE: F 12. OFFICERS AND DIRECTORS			13.	ont signature requi	ADDITIONS/CHANGES TO OF FR	
TITLE	P/D	DELETE	1 1 TITLE		D	Change Addition
NAME	JONES, LARRY		1.2 NAME		Mrs. Reba Geren	
STREET ADDRESS			1.3 STRE	ET ADDRESS	P.O. Box 32841	
CiTY+ST-ZiP	OKLAHOMA CITY OK 73107	7	1.4 CITY	- ST - ZIP	Oklahoma City, OK	73123
TITLE	- ,		2.1 TITLE		D	Change 🙀 Addition
NAME	· ·		2.2 NAM		Powers, Dwight 1300 Irvine Drive	
STREET ADDRESS			2 3 STRE	ET ADDRESS		
CITY-SY-ZIP	OKLAHOMA CITY OK 73107		2 4 City		Edmond, OK 73034	
TITLE	AST NEEL BECCY	DELETE	31 11116		D	Change X Addition
NAME	NEEL, PEGGY		3 2 NAMI		Smith, Gary	
STREET ADORESS	15109 RICK ROAD OKLAHOMA CITY OK 73107	7		ET ADDRESS	P.O. Box 5793	
CHTY-ST-ZIP TITLE	C	DELETE	3.4. CITY 4.1 TITLE		Edmond, Ok 73083 D	Change X Addition
NAME	GEREN, GENE		4.1 IIILE 4.2 NAM		-	El charge
STREET ADDRESS	DO DOV 00044 N/4			ET ADDRESS	Stevens, George	N_1
1	OVI ALIOMA CITY OV				11716 Quail Creek F Oklahoma City, OK	(a 73120
CITY - ST - ZIP TITLE	VC VC	DELETE	4.4 CITY 5.1 TITLE		Chanoma City, OK	Change Addition
NAME	DIFFEE, VIC		52 NAM			_ · _
STREET ADORESS	1617 PALO VERDE			ET ADDRESS		
CITY-ST-ZIP	EL RENO OK		54 CITY			
TITLE	D	DELETE	6 1 TITLE			☐ Change ☐ Addition
NAME	MUGG, DAN		6 2 NAM	£		
STREET ADDRESS	7200 NW 102ND		6.3 STRE	ET ADDRESS		
City-St-ZiP	OKLAHOMA CITY OK		6.4 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 I changed, or on an attachment with an address.

SIGNATURE: Learn

NATURE TO THE OF PHILED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-96 405-942-0228

A INDICATE AND ARREST COME BOOK ROOM COME COME BOOK ABOUT COME CARD AND AND AREA

CR2F037 (12/95