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Feb 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000003729 (1)

1. Corporation Name

COL STRINGER MINISTRIES, INC.



Principal Place of Business

Mailing Address

**P. O. BOX 15277
JACKSONVILLE FL 32239-5277**

**P. O. BOX 15277
JACKSONVILLE FL 32239-5277**

3. Date Incorporated or Qualified
08/09/1993

3a. Date of Last Report
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAILEY, ROBERT E
2361 CORTEZ ROAD
JACKSONVILLE FL 32246**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CDP ☐ DELETE

NAME **STRINGER, COL**
STREET ADDRESS **2361 CORTEZ RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

1.1 TITLE ☐ Change ☐ Addition

TITLE CDV ☐ DELETE

NAME **STRINGER, JAN**
STREET ADDRESS **2361 CORTEZ ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME **NICHOLS, ROBERT B**
STREET ADDRESS **1600 W. 5TH STREET**
CITY-ST-ZIP **FT. WORTH TX**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE DV ☐ DELETE

NAME **TOMLINSON, WILEY**
STREET ADDRESS **2361 CORTEZ ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME **BAILEY, ROBERT E**
STREET ADDRESS **2361 CORTEZ RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

2.1 TITLE ☐ Change ☐ Addition

TITLE DTOT ☐ DELETE

NAME **OMLINSON, JEANA**
STREET ADDRESS **2361 CORTEZ ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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:

SIGNATURE OF OFFICER OR DIRECTOR

1/28/97

904-641-7600

CR2E037 (9/96)