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Jan 27, 1999 8:00am  
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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000003729

1. Corporation Name

COL STRINGER MINISTRIES, INC.

Principal Place of Business

P. O. BOX 15277  
JACKSONVILLE FL 32239-5277

Mailing Address

P. O. BOX 15277  
JACKSONVILLE FL 32239-5277



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/09/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

38-3002361

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

BAILEY, ROBERT E  
2361 CORTEZ ROAD  
JACKSONVILLE FL 32246

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

☐ DELETE

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

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

TITLE D  
NAME NICHOLS, ROBERT B  
STREET ADDRESS 1600 W. 15TH STREET  
CITY-ST-ZIP FT. WORTH TX

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

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

TITLE DTQT  
NAME TOMLINSON, JEANA  
STREET ADDRESS 2361 CORTEZ ROAD  
CITY-ST-ZIP JACKSONVILLE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

1/11/99

Date

984-641-7600

Daytime Phone #

CR2E037 (1/198)