

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

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000003729

1. Entity 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**



01262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3002361

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TOMLINSON, WILEY
2361 CORTEZ ROAD
JACKSONVILLE, FL 32246**

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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 resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000031813
02/04/04-80162-022 61.25**

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CODNER-TURNER, EVAN
2361 CORTEZ ROAD
JACKSONVILLE, FL 32246**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #