
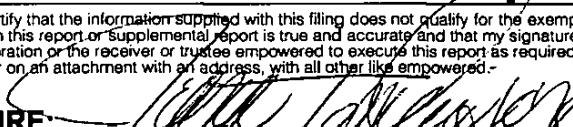


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90023 049 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
4. FEI Number 38-3002361				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOMLINSON, WILEY 2360 ST JOHN'S BLUFF RD JACKSONVILLE, FL 32246				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CDP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRINGER, COL		NAME		
STREET ADDRESS	2360 ST JOHN'S BLUFF RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE	CDV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRINGER, JAN		NAME		
STREET ADDRESS	2360 ST JOHN'S BLUFF RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOMLINSON-BARTLEY, MERRY		NAME	TOMLINSON-BARTLEY, MERRY	
STREET ADDRESS	10421 5-E FRASER RD		STREET ADDRESS	12801 KERNAN FOREST BND # 1402	
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOMLINSON, WILEY		NAME		
STREET ADDRESS	2360 ST JOHN'S BLUFF RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE	DTQT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOMLINSON, JEANA		NAME	TOMLINSON, JEANA	
STREET ADDRESS	2381 CORTEZ ROAD		STREET ADDRESS	2360 ST. JOHN'S BLUFF RD.	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date 3/14/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					