


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # F93000003729</b>                  |  |
| 1. Entity Name<br>COL STRINGER MINISTRIES, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>P. O. BOX 15277<br>JACKSONVILLE, FL 32239-5277 | Mailing Address<br>P. O. BOX 15277<br>JACKSONVILLE, FL 32239-5277 |
|---|---|

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02262007 No Chg-NP CR2E037 (4/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>38-3002361</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

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|--|
| 6. Name and Address of Current Registered Agent<br><br>TOMLINSON, WILEY<br>2360 ST JOHN'S BLUFF RD<br>JACKSONVILLE, FL 32246 |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

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|---|---|---|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | U000000655229<br>03/13/07-80099-001 61.25 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CDP<br>STRINGER, COL<br>2360 ST JOHN'S BLUFF RD<br>JACKSONVILLE, FL 32246                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CDV<br>STRINGER, JAN<br>2360 ST JOHN'S BLUFF RD<br>JACKSONVILLE, FL                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>TOMLINSON-BARTLEY, MERRY<br>12301 KERNAN FOREST BLVD, # 1402<br>JACKSONVILLE, FL 32225 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>TOMLINSON, WILEY<br>2360 ST JOHN'S BLUFF RD<br>JACKSONVILLE, FL 32246                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DTQT<br>TOMLINSON, JEANA<br>2860 ST. JOHNS BLUFF RD<br>JACKSONVILLE, FL 32246               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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.

|  |   |                     |                                |
|--|---|---------------------|--------------------------------|
| <b>SIGNATURE:</b>  (Secretary) 2/26/07 | <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |
|--|---|---------------------|--------------------------------|