2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000003729

1. Entity Name
COL STRINGER MINISTRIES, INC.

FILED
Aug 29, 2008 08:00 AM
Secretary of State

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

07072008 No Chg-NP CR2E037 (4/06)

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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
2360 ST JOHNS'S BLUFF RD
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

000000956743
08/29/08-80006-005 61.25

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

SIGNATURE: Wiley Tomlinson 7/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #