

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003729

FILED
Feb 25, 2011
Secretary of State

Entity Name: COL STRINGER MINISTRIES, INC.

Current Principal Place of Business:

P. O. BOX 15277
JACKSONVILLE, FL 322395277

New Principal Place of Business:

2360 SAINT JOHNS BLUFF ROAD
JACKSONVILLE, FL 32246

Current Mailing Address:

P. O. BOX 15277
JACKSONVILLE, FL 322395277

New Mailing Address:

2360 SAINT JOHNS BLUFF ROAD
JACKSONVILLE, FL 32246

FEI Number: 38-3002361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOMLINSON, WILEY
2360 ST JOHNS'S BLUFF RD
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CDP
Name: STRINGER, COL
Address: 2360 ST JOHN'S BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: CDV
Name: STRINGER, JAN
Address: 2360 ST JOHN'S BLUFF RD
City-St-Zip: JACKSONVILLE, FL

Title: S
Name: TOMLINSON-BARTLEY, MERRY
Address: 12301 KERNAN FOREST BLVD, # 1402
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV
Name: TOMLINSON, WILEY
Address: 2360 ST JOHN'S BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: DTQT
Name: TOMLINSON, JEANA
Address: 2860 ST. JOHNS BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILEY TOMLINSON

DV

02/25/2011

Electronic Signature of Signing Officer or Director

Date