

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00601** (7)

1. Corporation Name
MCCOLLUM MISSIONARY MINISTRIES, INC.



Principal Place of Business: **1616 HOFFNER AVE ORLANDO FL 32809 US**
Mailing Address: **1616 HOFFNER AVE ORLANDO FL 32809 US**

3. Date Incorporated or Qualified: **12/27/1983**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 **170 WILSHIRE BLVD.**
Suite, Apt. #, etc.
22 **WILSHIRE PLAZA**
City & State
23 **CASSELBERRY FL**
Zip Country
24 **32707** 25
26
27
28
29 30

4. FEI Number: **59-2551415**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MERRITT, SHERYL
400 E COLONIAL DR
1301
ORLANDO FL 32803

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOLLUM, JAMES N.	1.2 NAME	
STREET ADDRESS	1616 HOFFNER AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOLLUM, LINDA L.	2.2 NAME	
STREET ADDRESS	1616 HOFFNER AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNSBY, HENRY C	3.2 NAME	STD
STREET ADDRESS	1803 SWANN AVE	3.3 STREET ADDRESS	JAMES McCollum Jr.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	1255 MARINA POINT APT. #303
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	900001777739
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-04/12/96--01011--004
STREET ADDRESS		5.3 STREET ADDRESS	***8.75
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	800001777798
STREET ADDRESS		6.3 STREET ADDRESS	-04/12/96--01011--003
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **3/28/96** (407) 855-9944
Anytime Phone #: **56 4-11-96**

CR2E037 (12/95)