


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

4. FEI Number
59-2551415

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**MERRITT, SHERYL
5919 SUNDERLAND DR
ORLANDO FL 32812**

10. Name and Address of New Registered Agent

| | |
|---|--------------------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 1105 E. LIVINGSTON AVE. |
| 83 | |
| 84 City | ORLANDO FL |
| 85 Zip Code | 32803 |

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 *Linda L. McCollum* *Lee Anna McCollum* **4/10/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MCCOLLUM, JAMES N. | |
| STREET ADDRESS | 1616 HOFFNER AVE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MCCOLLUM, LINDA L. | |
| STREET ADDRESS | 1616 HOFFNER AVE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | MCCOLLUM, JAMES JR. | |
| STREET ADDRESS | 1255 MARINA POINT, APT 303 | |
| CITY-ST-ZIP | CASSELBERRY FL 32707 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | STD |
| 3.3 STREET ADDRESS | JATHAN MCCOLLUM |
| 3.4 CITY-ST-ZIP | 11829 FEDERALIST WAY FAIRFAX, VA, 22030 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Linda L. McCollum* **LINDA L. MCCOLLUM** **4/10/98 (407) 855-9944**
Signature and typed or printed name of signing officer or director Date

CR2E037 (10/97)