

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90112 009 ****61.25

DOCUMENT # N00601

1. Corporation Name

MCCOLLUM MISSIONARY MINISTRIES, INC.

Principal Place of Business

1616 HOFFNER AVE 1803 SWANN AVE.
ORLANDO FL 32809
US

Mailing Address

1616 HOFFNER AVE 1803 SWANN AVE.
ORLANDO FL 32809
US



MCC0616 328092097 1A98 23 01/04/99
NOTIFY SENDER OF NEW ADDRESS
MCCOLLUM
1803 SWANN AVE
ORLANDO FL 32809-6851

3. Date Incorporated or Qualified

12/27/1983

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

Zip Country

25

Zip Country

30

9. Name and Address of Current Registered Agent

MERRITT, SHERYL
5910 SUNDERLAND DR 220 ADELAIDE BLVD.
ORLANDO FL 32812 ALT. SPGS, FL 32701

10. Name and Address of New Registered Agent

81 Name SHERYL MERRITT

82 Street Address (P.O. Box Number is Not Acceptable)
220 ADELAIDE BLVD.

83

84 City ALT. SPGS.

FL 85 Zip Code
32701

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 SHERYL MERRITT

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FEB. 1, 1999

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MCCOLLUM, JAMES N.

STREET ADDRESS 1616 HOFFNER AVE 1803 Swann Ave.

CITY-ST-ZIP ORLANDO FL Orlando, FL 32809

TITLE PD ☐ DELETE

NAME MCCOLLUM, LINDA L.

STREET ADDRESS 1616 HOFFNER AVE 1803 Swann Ave.

CITY-ST-ZIP ORLANDO FL Orlando, FL 32809

TITLE STD ☐ DELETE

NAME MCCOLLUM, JATHAN

STREET ADDRESS 11820 FEDERALIST WAY 5412 Governor Yearly Dr.

CITY-ST-ZIP FAIRFAX VA 22030 Fairfax, VA 22032

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1803 SWANN AVENUE

1.4 CITY-ST-ZIP ORLANDO, FL 32809

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1803 SWANN AVENUE

2.4 CITY-ST-ZIP ORLANDO, FL 32809

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 5412 GOVERNOR YEARLY DR.

3.4 CITY-ST-ZIP FAIRFAX VA 22032

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)