**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 **DOCUMENT # N07839**

1. Corporation Name

MERCEDES MINISTRIES, INC.

Principal Place of Business
% TOM & BETTY FRANKS
123 KINGS WAY
LEXINGTON SC 29073

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

% TOM & BETTY FRANKS 123 KINGS WAY LEXINGTON SC 29073

## **FILED** Mar 09, 1999 8:00 am § Secretary of State

03-09-1999 90142 007 \*\*\*\*61.25

|--|--|

3. Date Incorporated or Qualifed 02/26/1985

4. FEI Number

22		27			,	NOT APPLICABLE	2	No	t Applicable -
City & State City & State					E. O. attacks of Status Desired		\$8.75	Additional	
23		28				5. Certifcate of Status Desired	ш	Fee Re	quired
Zip	Country	Zip		Country		6. Election Campaign Financing		\$5.00	May Be
				]		Trust Fund Contribution		Added t	•
•••	9. Name and Address of Curre	ent Registered Age	nt			10. Name and Address of New Re	gistered A	gent	
				81	Name				
IONES M	MNNIE R			82	Stroot Add	ress (P.O. Box Number is Not Acceptab	le)		
JONES, MINNIE B 3333 LILA DR.				02	Sileel Add	ress (F.O. Box (4ulliber is 140) Acceptab	10)		
	) FL 32806			83		,			
ONDATE	7 1 L 32000							les Zin (	- do
				84	City		FL	85 Zip (	, ,
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, FI	lorida Statutes,	the above	-named corp	poration submits this statement for the p	urpose of c	hanging its	registered
office or re	egistered agent, or both, in the Stat	e of Florida. Such ch	nange was auth	orized by t	the corporati	on's board of directors. I hereby accept	the appoin	ment as re	gistered
agent. I at	m familiar with, and accept the oblig	gations or, Section 6	17.0505, Florius	i Statutes.					
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Re	gistered Agen	signature require	ed when reinstating)	DATE		
12.	OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	RS IN 12
TITLE ·	<b>DP</b> □ DELETE		DELETE	1.1 TITLE				☐ Change	Addition
NAME	FRANKS, TOM			1.2 NAME					
STREET ADDRESS	123 KINGS WAY			1.3 STREET	ADDRESS				
CITY-ST-ZIP	LEXINGTON SC			1.4 CITY-ST-ZIP					
TITLE	DV DELETE			2.1 TITLE				Change	☐ Addition
NAME	FRANKS, BETTY P.			2.2 NAME					
STREET ADDRESS	123 KINGS WAY			2.3 STREET	ADDRESS				
CITY-ST-ZIP	LEXINGTON SC			2. 4 CITY-S	T-71P				
TITLE			DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	DS WELNICK, ROBERT 137 SEASES CIR. 230 LEXINGTON SC Colum	noved)		3.2 NAME			•		
STREET ADDRESS	THE SEASES CIR 230	8 Lincola	54,	3.3 STREET	ADDRESS				
CITY-ST-ZIP	TEXINGTON SC. Call	4-50	29201	3.4. CITY-S					
TITLE	Wagaronge Cory	1017 a, 50	DELETE	4.1 TITLE	·			Change	Addition
NAME				4, 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
				4.4 CITY-ST					
CITY-ST-ZIP TITLE	DELETE		DELETE	5.1 TITLE				Change	Addition
NAME		_		5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
				5.4 CITY- \$1	-ZIP				
CITY-ST-ZIP TITLE		Г	DELETE	6.1 TITLE		•		☐ Change	☐ Addition
NAME		_	_	6.2 NAME					
				6.3 STREET	ADDRESS				
STREET ADDRESS				6.4 CITY-ST					
CITY-ST-ZIP		with this filing door o	na avality tan th			Section 119.07(3)(i), Florida Statutes. I 1	i alban and	6, that the i	efermation

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:

Applied For