

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 # N07933

(7)

1. Corporation Name

JOINT-HEIRS MINISTRIES, INC.



Principal Place of Business

Mailing Address

% DAVID THOMAS
1527 GANDY ST
JACKSONVILLE FL 32208

% DAVID THOMAS
1527 GANDY ST
JACKSONVILLE FL 32208

3. Date Incorporated or Qualified

03/04/1985

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2667945

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **2100 DUNN AVE**
Suite, Apt. #, etc.

26 **2100 DUNN AVE**
Suite, Apt. #, etc.

22 City & State
JACKSONVILLE FL

27 City & State
JACKSONVILLE FL

23 Zip
32218

28 Zip
32218

24 Country

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, DAVID
11530 LAGUNA COURT
JACKSONVILLE FL 32218

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

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 **PD** ☐ DELETE
NAME **THOMAS, DAVID**
STREET ADDRESS **11530 LAGUNA COURT**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **RANSOM, CATHY**
STREET ADDRESS **817 N VALENCIA COURT**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **SD** ☐ DELETE
NAME **CLAYTON, MARION**
STREET ADDRESS **1034 LOBSTER LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **TD** ☐ DELETE
NAME **WILCOX, JESSE C., JR.**
STREET ADDRESS **11029 BACALL ROAD WEST**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **THOMAS, DEBRA**
STREET ADDRESS **11530 LAGUNA COURT**
CITY-ST-ZIP **JACKSONVILLE FL**

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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: *Jesse C. Wilcox Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 **(904)**
757-3226

Date

Daytime Phone #

CR2E037 (12/95)