FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 15 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14152 (5)

1. Corporation Name

GREG NELSON MINISTRIES, INC.

Principal Place of Business	Mailing Address
212 DOGWOOD CIRCLE SEMINOLE FL 34647 US	P.O. BOX 156 CALION AR 71724

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1986
3a. Date of Last Report: 03/02/1994
4. FEI Number: 71-0596906 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 P.O. Box 156	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Calion, AR	City & State 28
Zip / Country 24 71724 / 25 USA	Zip / Country 29 / 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MASON, JOSEPH C., JR. P.A. 1307 U.S. 19TH SOUTH, SUITE #102 CLEARWATER FL 34624	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTS	1.1 TITLE	PTS	☒ Change ☐ Addition
NAME	NELSON, GREG	1.2 NAME	Nelson, Greg	
STREET ADDRESS	212 DOGWOOD CIRCLE	1.3 STREET ADDRESS	P.O. Box 156 NA	
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	Calion, AR 71724	
TITLE	D	2.1 TITLE	Dir	☒ Change ☐ Addition
NAME	NELSON, LINDA LEE	2.2 NAME	Nelson, Mary	
STREET ADDRESS	212 DOGWOOD CIRCLE	2.3 STREET ADDRESS	P.O. Box 156 NA	
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	Calion, AR 71724	
TITLE	VPD	3.1 TITLE	[redacted]	☐ Change ☐ Addition
NAME	NELSON, MAXWELL H.	3.2 NAME		
STREET ADDRESS	P O BOX 156 N/A	3.3 STREET ADDRESS		0K
CITY-ST-ZIP	CALION AR	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Gregory C Nelson Gregory C Nelson 5-8-95 501-748-2409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074708