

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 # N15350

(4)

1. Corporation Name

JTS MINISTRIES, INC.

Principal Place of Business

11783 RAIN TREE DRIVE
P.O. BOX 291086
TEMPLE TERRACE FL 33617
US

Mailing Address

P.O. BOX 291086
P.O. BOX 291086
TEMPLE TERRACE FL 33687-2014
US



3. Date Incorporated or Qualified
06/12/1986

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

9. Name and Address of Current Registered Agent

THOMPSON, JOHN R.
11783 RAIN TREE DR.
TAMPA FL 33617

4. FEI Number
59-2729657

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

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

10. Name and Address of New Registered Agent

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 VPD ☐ DELETE
NAME ADAMS, JIMMY D.
STREET ADDRESS P.O. BOX 29 N/A
CITY - ST - ZIP ZANESVILLE OH

TITLE PD ☐ DELETE
NAME THOMPSON, JOHN R.
STREET ADDRESS 11783 RAIN TREE DR.
CITY - ST - ZIP TAMPA FL

TITLE STD ☐ DELETE
NAME THOMPSON, SUSAN K.
STREET ADDRESS 11783 RAIN TREE DR.
CITY - ST - ZIP TAMPA FL

TITLE D ☐ DELETE
NAME MORRIS, GLENN
STREET ADDRESS 1640 COUNTRY WOOD DR.
CITY - ST - ZIP TARPON SPRINGS FL

TITLE D ☐ DELETE
NAME CRAWFORD, TONY
STREET ADDRESS 2629 RAVEN TRAIL
CITY - ST - ZIP MARIETTA GA

TITLE D ☐ DELETE
NAME CRAWFORD, JULIE
STREET ADDRESS 2629 RAVEN TRAIL
CITY - ST - ZIP MARIETTA GA

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 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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:

John R. Thompson, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

Date

813/814-3901

Daytime Phone #

CR2E037 (12/95)