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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N16715 (7)

1. Corporation Name
TRY JESUS MINISTRIES, INC.



Principal Place of Business Mailing Address
CALVIN K. PANGBURN
1047 WALT WILLIAMS ROAD
LAKELAND FL 33809

3. Date Incorporated or Qualified 09/09/1986
3a. Date of Last Report 04/26/1996

2. Principal Place of Business 2a. Mailing Address
21 HOME 26 SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 1047 Walt Williams Rd 27
City & State City & State
23 LKLD FL 28
Zip Country Zip Country
24 33809 25 POLK 29 30

4. FEI Number NOT APPLICABLE 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

9. Name and Address of Current Registered Agent
PANGBURN, CALVIN
1047 WALT WILLIAMS RD.
LAKELAND FL 33809
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD G	1.1 TITLE	
NAME	PANGBURN, CALVIN K	1.2 NAME	
STREET ADDRESS	1047 WALT WILLIAMS SR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33809	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	
NAME	BROWN, ABE	2.2 NAME	
STREET ADDRESS	6226 N. BLACK DAIRY ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	SEFFNER FL	2.4 CITY - ST - ZIP	
TITLE	VTD	3.1 TITLE	
NAME	PANGBURN, BARBARA	3.2 NAME	
STREET ADDRESS	1047 WALT WILLIAMS RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33809	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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: SIGNATURE REQUIRED Calvin K Pangburn 4/26/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032978

CR2E037 (9/96)