

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 FEB 16 AM 11:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N33221

(5)

1. Corporation Name

HARRY PAUL MINISTRIES, INC.

Principal Place of Business

Mailing Address

**917 EBB TIDE DR
GREEN COVE SPRINGS FL 32043**

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GREEN COVE SPRINGS FL 32043**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1989

3a. Date of Last Report

03/28/1994

4. FEI Number

59-2956294

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**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

22 City & State

2c City & State

23 Zip

Country

2d Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAUL, JOHN M
623 W ST
GREEN COVE SPRINGS FL 32043**

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

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	DPT
NAME	PAUL, HARRY
STREET ADDRESS	917 EBB TIDE DR
CITY - ST - ZIP	GREEN COVE SPRINGS
TITLE	DVS
NAME	LEE, ESTHER D
STREET ADDRESS	1035 YELLOW WATER RD
CITY - ST - ZIP	BALDWIN FL
TITLE	D
NAME	PAUL, PETER R
STREET ADDRESS	619 WEST STREET
CITY - ST - ZIP	GREEN COVE SPRINGS
TITLE	D
NAME	PAUL, JOHN M
STREET ADDRESS	623 W ST
CITY - ST - ZIP	GREEN COVE SPGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	After R. Paul
3.3 STREET ADDRESS	Black Creek Rd
3.4 CITY - ST - ZIP	Mountain City GA 30562
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rev Harry Paul - HARRY PAUL - President 1/15/95 (619) 284-2095

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Expiry Date