

FILE NOW: FILING FEE IS \$61.25

FILED
May 05 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 # N33221 (5)

1. Corporation Name

HARRY PAUL MINISTRIES, INC.

Principal Place of Business

917 EBB TIDE DR
GREEN COVE SPRINGS FL 32043

Mailing Address

917 EBB TIDE DR
GREEN COVE SPRINGS FL 32043-8727

3. Date Incorporated or Qualified

07/11/1989

3a. Date of Last Report

03/27/1996

2. Principal Place of Business

21 917 Ebb Tide Dr
Suite, Apt. #, etc.
22 Green Cove Springs, FL
City & State

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	PAUL, HARRY	
STREET ADDRESS	917 EBB TIDE DR	
CITY-ST-ZIP	GREEN COVE SPRINGS	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	LEE, ESTHER D	
STREET ADDRESS	1035 YELLOW WATER RD	
CITY-ST-ZIP	BALDWIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAUL, PETER R	
STREET ADDRESS	BLACK CREEK ROAD	
CITY-ST-ZIP	MOUNTAIN CITY GA 30562	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAUL, JOHN M	
STREET ADDRESS	623 W ST	
CITY-ST-ZIP	GREEN COVE SPGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)