FILED
Apr 27 1998 8:00am
Secretary of State

FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

Note: ① 2nd Copy 1998 with fees. Rev Harry Paul

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

2. Principal Place of Business: 917 Ebb Tide Dr	2a. Mailing Address: Same
Suite, Apt. #, etc.: Green Cove Spgs Fla	Suite, Apt. #, etc.
City & State	City & State
Zip: 32043 / Country	Zip / Country

3. Date Incorporated or Qualified: 07/11/1989
3a. Date of Last Report: 03/27/1996
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
X [redacted]is corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes [redacted] No — 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
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	DPT	☐ DELETE
NAME	PAUL, HARRY	
STREET ADDRESS	917 EBB TIDE DR	
CITY-ST-ZIP	GREEN COVE SPRINGS	
TITLE	DVS	☐ DELETE
NAME	LEE, ESTHER D	
STREET ADDRESS	1035 YELLOW WATER RD	
CITY-ST-ZIP	BALDWIN FL	
TITLE	D	☐ DELETE
NAME	PAUL, PETER R	
STREET ADDRESS	BLACK CREEK ROAD	
CITY-ST-ZIP	MOUNTAIN CITY GA 30562	
TITLE	D	☐ DELETE
NAME	PAUL, JOHN M	
STREET ADDRESS	623 W ST	
CITY-ST-ZIP	GREEN COVE SPGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
(1.1–6.4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, each with ☐ Change ☐ Addition)

Note: ② All Officers remain the same. ③ Enc. Ck# 759 for $61.25 4/21/98 Rev Harry Paul

900002502919
-04/28/98--01050--032
***61.25

PE 4-27

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — 0000505