

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N36388** (9)  
1. Corporation Name  
**THE MINISTRY OF RECONCILIATION CHURCH, INC.**



Principal Place of Business  
**4348 SOUTEL DRIVE  
JACKSONVILLE FL 32209  
US**

Mailing Address  
**4348 SOUTEL DRIVE  
JACKSONVILLE FL 32209  
US**

3. Date Incorporated or Qualified  
**01/31/1990**

3a. Date of Last Report  
**07/28/1995**

2. Principal Place of Business  
**21 4348 Soutel DR.**

2a. Mailing Address  
**26 4348 Soutel DR**

4. FEI Number  
**59-2985640**

Applied For  
☐ Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State  
**JACKSONVILLE FL**

28 City & State  
**JACKSONVILLE FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip  
**32209**

25 Country  
**DUVAL**

29 Zip  
**32209**

30 Country  
**DUVAL**

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

9. Name and Address of Current Registered Agent  
**COLE, PEARL J  
5110 DOSTIE DRIVE SOUTH  
JACKSONVILLE FL 32209**

10. Name and Address of New Registered Agent

81 Name  
**COLE, PEARL J**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5110 DOSTIE DR. SOUTH**

83

84 City  
**JACKSONVILLE**

85 Zip Code  
**FL 32209**

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE *Pearl J. Cole* DATE **7.1.96**  
(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	COLE, P.J.	5110 DOSTIE DRIVE SOUTH	JACKSONVILLE FL	<input type="checkbox"/>
DV	COLE, ANDRE	5110 DOSTIE DRIVE SOUTH	JACKSONVILLE FL	<input type="checkbox"/>
DS	COLE, DARCELLE	5110 DOSTIE DRIVE SOUTH	JACKSONVILLE FL	<input type="checkbox"/>
DV	COLE, DERRICK	11714 HARTS ROAD	JACKSONVILLE FL	<input type="checkbox"/>
DS	BOGGAN, SABRINA	11714 HARTS ROAD	JACKSONVILLE FL	<input type="checkbox"/>
DT	HALL, GREG	3048 HICKORY NUT ST	JACKSONVILLE FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**TREASURER**  
**Timothy Cole**  
**5110 DOSTIE DR So.**  
**JACKSONVILLE, FL**

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pearl J. Cole* **Pearl J. Cole**

7.1.96

Date

904 764-9249

Daytime Phone #

0001789

CR2E037 (3/96)