

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 03 1997 8:00am  
Secretary of State

DOCUMENT # N36388 (9)

1. Corporation Name

THE MINISTRY OF RECONCILIATION CHURCH, INC.

Principal Place of Business

Mailing Address

4348 SOUTEL DRIVE  
JACKSONVILLE FL 32209  
US

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JACKSONVILLE FL 32209  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/31/1990

3a. Date of Last Report  
07/05/1996

4. FEI Number

59-2985640

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLE, PEARL J  
5110 DOSTIE DR SOUTH  
JACKSONVILLE FL 32209

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 DP ☐ DELETE  
NAME COLE, P.J.  
STREET ADDRESS 5110 DOSTIE DRIVE SOUTH  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DV ☒ DELETE  
NAME COLE, ANDRE  
STREET ADDRESS 5110 DOSTIE DRIVE SOUTH  
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DS ☐ DELETE  
NAME COLE, DARCELLE  
STREET ADDRESS 5110 DOSTIE DRIVE SOUTH  
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE DV ☒ Change ☐ Addition  
3.2 NAME SAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DV ☒ DELETE  
NAME COLE, DERRICK  
STREET ADDRESS 11714 HARTS ROAD  
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE DS ☐ DELETE  
NAME BOGGAN, SABRINA  
STREET ADDRESS 11714 HARTS ROAD  
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME COLE, TIMOTHY  
STREET ADDRESS 5110 DOSTIE DR SOUTH  
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE DV ☒ Change ☒ Addition  
6.2 NAME SAME  
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, unchanged, or on an attachment with an address.

CR2E037 (4/97)