SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT

1998

SIGNATURE: \_



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # N42327

**(a)** 

## **FILED** Oct 14 1998 8:00am3 Secretary of State

1. Corporati	on Name	(0)					
PARADIGM MINISTRIES, INC.							
ו אוואטו	dia milastrico, ilao.					I AND COMPANY AND A COMPANY AND A COMPANY AND COMPANY	INIU <b>kiki</b> n angu aham aham aham haar
Principal Place of Business Malling Address					•	T LADINIAL ON RIDIE UPPER HINE HOUR ADDA D	4011 01814 01011 01E1+ 810H 01011 9061
210! N AUSTRALIAN AVE 210! N AUSTRALIAN AVE						3. Date Incorporated or Qualified	
WEST PALM BEACH FL 33407 WEST PALM BEACH FL 3340						03/04/1991	
U\$ U\$			-			4. FEI Number	Applied For
						65-0255542	Not Applicable
2. Principal Place of Business 2a. Malling Address						F	\$8.75 Additional
21 28						Certificate of Status Desired	Fee Required
Sulte, Apt. #, etc.						6. Election Campaign Financing	\$5.00 May Be
22 27 City & State City & State						Trust Fund Contribution	Added to Fees
City & State City & State						7. Is this nonprofit corporation a homeo	
Zip Country Zip			Country				·
24	25	29	30	y		This corporation owes or has paid the Personal Property Tax due June 30.	e current year intangible
1	9. Name and Address of Current		[50]	Τ	<del></del>	10. Name and Address of New Registe	<b>—</b>
				81	Name		
RAY, HAROLD C				82	Ctroot A	ddress (P.O. Box Number is Not Acceptable)	
2101 N AUSTRALIAN AVE				02	Street A	duress (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33407				83		,	· · · · · · · · · · · · · · · · · · ·
				84	City		85 Zip Code
11 Dureugnt	to the provisions of earlians 617 0502 a	nd 617 1509 Elected State of	the abo				FL 13 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 K applicable (A)	TE: Banista		and algorithms	required when reinstating) DA	
12.	OFFICERS AND		13.	TOU AND	ani agristure	ADDITIONS/CHANGES TO OFFICER	
TITLE	PD	DELETE				ADDITIONS/CHANGES TO OFFICER	
NAME	RAY, HAROLD CALVIN		1,2 N/				Change Addition
STREET ADDRESS	11771 LITTLESTONE CT		1.3 ST	REETA	ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 0	TY-ST-	ZIP		
TITLE			2.1 TC				Change Addition
NAME	RAY, BRENDA JOYCE	_		AME		Breida Roy	L Change L Nation
STREET ADDRESS			2.3 ST	2.3 STREET ADDRESS		( Land ( )	
CITY-ST-ZIP				2.4 CITY-ST-ZIP		Cheras day	
TITLE	SD			TLE			Change Addition
NAME			3.2 N/	AME.			L Charge L Addition
STREET ADDRESS	300 SNOWBIRD COURT		3.3 ST	REETA	ODRESS		
CITY-ST-ZIP	IRVING TX 75082			TY-ST-2			
TITLE	D DELETE		_	4.1 TITLE			Change Addition
NAME	HORNBUCKLE, TERRY PASTOR	0000	4.2 NA	ME	1		Claride C Vanition
STREET ADDRESS	469 EL RIO DRIVE		- 1		DORESS		
CITY-ST-ZIP	MESQUITE TX 75150			TY-ST-2	- 1		
TITLE			5.1 TII				Chance Classifica
NAME	WILLIAMS, STANLEY PASTOR		5,2 NA				Change Addition
STREET ADDRESS	OAK HILL VILLAGE PLZ., 7620 10	14RD ST #22			DDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210	OND OI. WEE		TY-ST-Z	i		
TITLE	PROTOCOLITICAL TE OCETO	DELETE	6.1 TIT		-		Tohamas Daddiesa
NAME		☐ pereie	6.2 NA				Change Addition
STREET ADDRESS					DDRESS		
C/TY-ST-ZIP				TY-ST-Z	- 1		
14. I hereby c	ertify that the information supplied with t	his filing does not qualify for t	he exemp	dion s	a ni beteta	section 119.07(3)(i), Florida Statutes. I further ce	rtify 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 <b>Block</b> 13 if changed, or on an attachment with an appears							

AME OF SIGNING OFFICER OR DIRECTOR