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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42327

1. Corporation Name

PARADIGM MINISTRIES, INC.

Principal Place of Business

2101 N AUSTRALIAN AVE
WEST PALM BEACH FL 33407
US

Mailing Address

2101 N AUSTRALIAN AVE
WEST PALM BEACH FL 33407
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

03/04/1991

4. FEI Number

65-0255542

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

9. Name and Address of Current Registered Agent

RAY, HAROLD C
2101 N AUSTRALIAN AVE
WEST PALM BEACH FL 33407

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME RAY, HAROLD CALVIN
STREET ADDRESS 11771 LITTLESTONE CT
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VPD ☐ DELETE
NAME RAY, BRENDA JOYCE
STREET ADDRESS 11771 LITTLESTONE CT
CITY-ST-ZIP WEST PALM BEACH FL

TITLE SD ☒ DELETE
NAME WARREN, BJ ESQ
STREET ADDRESS 300 SNOWBIRD COURT
CITY-ST-ZIP IRVING TX 75062

TITLE D ☐ DELETE
NAME HORNBUCKLE, TERRY PASTOR
STREET ADDRESS 469 EL RIO DRIVE
CITY-ST-ZIP MESQUITE TX 75150

TITLE D ☒ DELETE
NAME WILLIAMS, STANLEY PASTOR
STREET ADDRESS OAK HILL VILLAGE PLZ., 7620 103RD ST. #22
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE: RAY, HAROLD CALVIN

04/29/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)