

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 # **N48776** (1)

1. Corporation Name

**THINK ON THESE THINGS MINISTRIES, INC.**



Principal Place of Business

Mailing Address

437 BIRCH STREET  
JACKSONVILLE FL 32206  
US

P.O. BOX 43424  
JACKSONVILLE FL 32203-3424  
US

3. Date Incorporated or Qualified <b>05/08/1992</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-3131308</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>639 Golf Fair Blvd.</b>	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>Jacksonville, FL</b>	28
Zip	Zip
24 <b>32206</b>	25 <b>Duval</b>
Country	Country
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAZEL, DANIEL S.  
437 BIRCH STREET  
JACKSONVILLE FL 32206

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>639 Golf Fair Blvd.</b>
83
84 City <b>Jacksonville,</b> FL 85 Zip Code <b>32206</b>

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	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZEL, DANIEL S.	1.2 NAME	
STREET ADDRESS	437 BIRCH ST.	1.3 STREET ADDRESS	<b>639 Golf Fair Blvd.</b>
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	<b>Jacksonville, FL 32206</b>
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LEE	2.2 NAME	
STREET ADDRESS	437 BIRCH ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, CHERYL	3.2 NAME	
STREET ADDRESS	437 BIRCH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZEL, MARY W.	4.2 NAME	
STREET ADDRESS	437 BIRCH ST.	4.3 STREET ADDRESS	<b>639 Golf Fair Blvd.</b>
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	<b>Jacksonville, FL 32206</b>
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAZLE, ANGELA D.	5.2 NAME	
STREET ADDRESS	437 BIRCH ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, SYRINDER	6.2 NAME	
STREET ADDRESS	437 BIRCH ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 #

CR2E037 (3/96)