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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48776** (1)

1. Corporation Name

THINK ON THESE THINGS MINISTRIES, INC.



Principal Place of Business	Mailing Address
639 GOLFAIR BLVD JACKSONVILLE FL 32206 US	P.O. BOX 43424 JACKSONVILLE FL 32203-3424 US

3. Date Incorporated or Qualified 05/08/1992	3a. Date of Last Report 06/14/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 59-3131308	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

9. Name and Address of Current Registered Agent
HAZEL, DANIEL S. 639 GOLFAIR BLVD JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Daniel S. Hazel* PD *Daniel S. Hazel* 3-6-97
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 <input type="checkbox"/> DELETE
NAME	HAZEL, DANIEL S.
STREET ADDRESS	639 GOLFAIR BLVD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	SMITH, LEE
STREET ADDRESS	437 BIRCH ST.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	GREEN, CHERYL
STREET ADDRESS	437 BIRCH ST.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	HAZEL, MARY W.
STREET ADDRESS	639 GOLFAIR BLVD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	BRAZLE, ANGELA D.
STREET ADDRESS	437 BIRCH ST.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, SYRINDER
STREET ADDRESS	437 BIRCH ST.
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JUNE SIMMONS
1.3 STREET ADDRESS	PO. Box 6764
1.4 CITY - ST - ZIP	Columbia, Md. 21044
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Fred Morris
2.3 STREET ADDRESS	PO. Box 6764
2.4 CITY - ST - ZIP	Columbia, Md. 21044
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 if changed, or on an attachment with an address.

SIGNATURE: *Mary W. Hazel* RECORDED *Mary W. Hazel* 3-6-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 8004444

CR2E037 (9/96)