M

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N48776

(1)

THINK ON THESE THINGS MINISTRIES, INC.

FILED Mar 06 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					4 IBBRIODE AND BIODIC EDUNI IDANIA FIBRID AND A DIRECT	1811 U10ft DIBIF U1817 U10ft 1807
639 GOLFAIR E	ILV O	P.O. BOX 43424			Date Incorporated or Qualified	
JACKSONVILLE FL 32206		JACKSONVILLE FL 32203-3424			05/08/1992	
US		US			4. FEI Number	Applied For
					59-3131308	Not Applicable
—	ace of Business	28. Mailing Address			5. Certificate of Status Desired	\$8.75 Additional
21 Suite Ant	H aba	Suite Apt # etc				Fee Required
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowner	····
23		28		Yes X No		
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the cu	
24	25		10		Personal Property Tax due June 30.	Yes X No
	9. Name and Address of Curren	t Hegistered Agent	81	Name	10. Name and Address of New Registered	Agent
L/A 7CI	DAME: 0			1401110		
	Daniel S. Lfair BLVD		82	Street	Address (P.O. Box Number is Not Acceptable)	
	NVILLE FL 32206		83			
37.131.133	771111111111111111111111111111111111111		-	01.		an Tanan
			84	City	FL	85 Zip Code
11. Pursuant t	o the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	, the above	-named	d 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 _						
12,	Signature, typed or printed name of registered ager OFFICERS AND	JUL 1	Registered Age	ent signatur	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD OF ICERS AND	DELETE	1.1 TITLE		Pastor General	Change Addition
NAME	HAZEL, DANIEL S.		1.2 NAME			
STREET ADDRESS	639 GOLFAIR BLVD		1.3 STREET	ADDRESS	Elmore, A.J.	$\Delta N \Delta$
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - S		Motte SpN III 60443	14/1
TITLE	V	☐ DELETE	2.1 TITLE			Change Addition
NAME	SMITH, LEE		2.2 NAME		4. 4	
STREET ADDRESS	497 BIRCH ST.		2.3 STREET	ADDRE\$\$	1.4631 Mitchell St	
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-	ST-ZIP	3842 Boulevard- Jacksonville, Fl. 3220	· •
TITLE	\$0	☐ DELETE	3.1 TITLE		, ,	Change Addition
NAME	GREEN, CHERYL		3.2 NAME		Soula Contextant	
STREET ADDRESS	497 BIRCH S T. JACKSONVILLE FL		3.3 STREET		3847 BOUTEVER 222N	
CITY-ST-ZIP TITLE	TD SACKSONAILLE LE	☐ DELETE	3.4. CITY - 5 4.1 TITLE	si-ZIP	Vacisonvilled - 11 52 7706	Change Addition
NAME	HAZEL, MARY W.		4. 2 NAME			
STREET ADDRESS	639 GOLFAIR BLVD		4.3 STREET	AODRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-S			
TITLE	\$	☐ DELET E	5.1 TITLE			Change Addition
NAME .	B RAZLE, ANGELA D.		5.2 NAME		10 0 11 11 11	8 cd .
STREET ADDRESS	487 BIRCH ST.		5.3 STREET	address	3842 Boulevard Jacksonville, Fl. 32206	1937
CITY-ST-ZIP	JACKSONVILLE FL	NA DELEGE		T-ZIP	Jacksonville, +1, 32206	Chara Margari
TITLE		DELETE	6.1 TITLE	(T)	Elmore, Deborah N/A	Change Addition
NAME	SIMMINS, JUNE		6.2 NAME		PO. BOX 1733	ነ
STREET ADDRESS	PO BOX 6764 N/A COLUMBIA MD		6.3 STREET		Mothernal TII LANGE	NEALLY
14. I hereby c		th this filing does not qualify for	6.4 CITY - S the exemp		ed in Section 119.07(3)(i), Florida Statutes. I further of	ertin that the Information
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.						

MALICULAN State of

2-0-00

and 266, 1170 L