

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49528 (5)

1. Corporation Name

THE J.C. DYSON FAMILY MINISTRY, INC.

Principal Place of Business

510 S. CRAIG AVE.
LAKE CITY FL 32025
US

Mailing Address

510 S. CRAIG AVE.
LAKE CITY FL 32025
US



3. Date Incorporated or Qualified
06/19/1992

3a. Date of Last Report
04/05/1995

4. FEI Number

NOT APPLICABLE

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DYSON, J.C.
510 S. CRAIG AVENUE
LAKE CITY FL 32025

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 (if applicable)

(If Not Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DYSON, J.C.
STREET ADDRESS
510 S. CRAIG AVE.
CITY-ST-ZIP
LAKE CITY FL

TITLE ☐ DELETE

NAME
DYSON, AMIE IRENE
STREET ADDRESS
510 S. CRAIG AVE.
CITY-ST-ZIP
LAKE CITY FL

TITLE ☐ DELETE

NAME
DYSON, PEGGY IRENE
STREET ADDRESS
687 MCFARLANE AVE.
CITY-ST-ZIP
LAKE CITY FL

TITLE ☐ DELETE

NAME
BRYANT, CONNIE A.
STREET ADDRESS
RT 1 BOX 283 N/A
CITY-ST-ZIP
WOODLAND MS

TITLE ☐ DELETE

NAME
STEWART, VICKIE JUNE
STREET ADDRESS
304 GOLF CLUB AVE.
CITY-ST-ZIP
LAKE CITY FL

TITLE ☐ DELETE

NAME
BRYANT, DANNY RAY SR
STREET ADDRESS
RT 1 BOX 283 N/A
CITY-ST-ZIP
WOODLAND MS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

32025

21 TITLE ☐ Change ☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

32025

31 TITLE ☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

32025

41 TITLE ☐ Change ☒ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

600001771786
-04/08/96---01022---001
***\$1.25

39776

51 TITLE ☐ Change ☒ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

32025

61 TITLE ☐ Change ☒ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

39776

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:

J.C. Dyson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96 (904) 755-4977
Date: (904) 755-4977

CR2E037 (12/95)