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Apr 03 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 # **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 32025-6233
US**

3. Date Incorporated or Qualified
06/19/1992

3a. Date of Last Report
04/06/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **DYSON, J.C.**
STREET ADDRESS **510 S. CRAIG AVE.**
CITY-ST-ZIP **LAKE CITY FL 32025**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE
NAME **DYSON, AMIE IRENE**
STREET ADDRESS **510 S. CRAIG AVE.**
CITY-ST-ZIP **LAKE CITY FL 32025**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DYSON, PEGGY IRENE**
STREET ADDRESS **687 MCFARLANE AVE.**
CITY-ST-ZIP **LAKE CITY FL 32025**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE
NAME **BRYANT, CONNIE A.**
STREET ADDRESS **RT 1 BOX 283 N/A**
CITY-ST-ZIP **WOODLAND MS 39776**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **906 CR 416**
4.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE
NAME **STEWART, VICKIE JUNE**
STREET ADDRESS **304 GOLF CLUB AVE.**
CITY-ST-ZIP **LAKE CITY FL 32025**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **BRYANT, DANNY RAY SR**
STREET ADDRESS **RT 1 BOX 283 N/A**
CITY-ST-ZIP **WOODLAND MS 39776**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **906 CR 416**
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000181

CR2E037 (9/96)