


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/19/1992	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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		
			85 Zip Code		
			FL		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME DYSON, J.C.					
1.3 STREET ADDRESS 510 S. CRAIG AVE.					
1.4 CITY - ST - ZIP LAKE CITY FL 32025					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME DYSON, AMIE IRENE					
2.3 STREET ADDRESS 510 S. CRAIG AVE.					
2.4 CITY - ST - ZIP LAKE CITY FL 32025					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME DYSON, PEGGY IRENE					
3.3 STREET ADDRESS 687 MCFARLANE AVE.					
3.4 CITY - ST - ZIP LAKE CITY FL 32025					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME BRYANT, CONNIE A.					
4.3 STREET ADDRESS 906 CR 416					
4.4 CITY - ST - ZIP WOODLAND MS					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME STEWARD, VICKIE JUNE					
5.3 STREET ADDRESS 304 GOLF CLUB AVE.					
5.4 CITY - ST - ZIP LAKE CITY FL 32025					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME BRYANT, DANNY RAY SR					
6.3 STREET ADDRESS 906 CR 416					
6.4 CITY - ST - ZIP WOODLAND MS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
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 39776					
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 39776					
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.					
SIGNATURE: J.C. Dyson 2-13-98					



CR2E037 (10/97)