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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49528

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

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

3. Date Incorporated or Qualified

06/19/1992

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

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME DYSON, J.C.
STREET ADDRESS 510 S. CRAIG AVE.
CITY-ST-ZIP LAKE CITY FL 32025

TITLE DT ☐ DELETE

NAME DYSON, AMIE IRENE
STREET ADDRESS 510 S. CRAIG AVE.
CITY-ST-ZIP LAKE CITY FL 32025

TITLE D ☐ DELETE

NAME DYSON, PEGGY IRENE
STREET ADDRESS 687 MCFARLANE AVE.
CITY-ST-ZIP LAKE CITY FL 32025

TITLE DS ☐ DELETE

NAME BRYANT, CONNIE A.
STREET ADDRESS 906 CR 416
CITY-ST-ZIP WOODLAND MS 39776

TITLE DT ☐ DELETE

NAME STEWARD, VICKIE JUNE
STREET ADDRESS 304 GOLF CLUB AVE.
CITY-ST-ZIP LAKE CITY FL 32025

TITLE VD ☐ DELETE

NAME BRYANT, DANNY RAY SR
STREET ADDRESS 906 CR 416
CITY-ST-ZIP WOODLAND MS 39776

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(1/198)