

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **N93000004009 (7)**

1. Corporation Name

JERRY GRIFFIN MINISTRIES INC.

Principal Place of Business

**COUNTY ROAD 179N
CARYVILLE FL 32427**

Mailing Address

**COUNTY ROAD 179N
CARYVILLE FL 32427**

3. Date Incorporated or Qualified

08/24/1993

3a. Date of Last Report

01/31/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.**22** City & State**23** Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.**27** City & State**28** Zip

Country

29**30**

4. FEI Number

59-3203739

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIFFIN, JERRY L
COUNTY ROAD 179N
CARYVILLE FL 32427****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 **PD** ☐ DELETE
NAME **GRIFFIN, JERRY L**
STREET ADDRESS **COUNTY ROAD 179N**
CITY - ST - ZIP **CARYVILLE FL 32427**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE **VD** ☐ DELETE
NAME **GRIFFIN, IRMA**
STREET ADDRESS **COUNTY ROAD 179N**
CITY - ST - ZIP **CARYVILLE FL 32427**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE **D** ☐ DELETE
NAME **LEWIS, EDDIE**
STREET ADDRESS **800 MAYFIELD ST J-58**
CITY - ST - ZIP **MONROEVILLE AL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE **S** ☐ DELETE
NAME **HARRIS, KENZIE**
STREET ADDRESS **CR 179 N**
CITY - ST - ZIP **CARYVILLE FL 32427**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE **D** ☐ DELETE
NAME **SIMMS, EARL**
STREET ADDRESS **PO BOX 232 N/A**
CITY - ST - ZIP **CARYVILLE FL 32427**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Jerry L. Griffin* **JERRY L. GRIFFIN**

1-9-97

Date

Daytime Phone # 0077511

CR2E037 (9/96)