FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N93000004009 (7)

FILED Feb 11 1998 8:00am Secretary of State

	GRIFFIN MINISTRIES INC			
Principal Plac	e of Business	Mailing Address		
GOUNTY ROAD GARYVILLE FL		COUNTY ROAD 179N CARYVILLE FL 32427		3. Date Incorporated or Qualified 08/24/1993 4. FEI Number Applied For
				59-3203739 Not Applicable
2. Principal P	lace of Business	2a. Mailing Address 26		5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
City & Stat	Θ	City & State		7. Is this nonprofit corporation a homeowners association? Yes No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	26	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent
			81 Name	
	, JERRY L		82 Street Ac	ddress (P.O. Box Number is Not Acceptable)
	Y ROAD 179N LLE FL 32427		63	
OATT VI	LL I L DETER		24 0	leel 7: O. (
			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.				
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE .			LIM J. Mus	
12.	Signature, typed or printed name of registered a OFFICERS A	igent and little if applicable (NC ND DIRECTORS	OV.: Registered Agent signature re-	iquired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, JERRY L		1.2 NAME	
STREET ADDRESS	COUNTY ROAD 179N		1.3 STREET ADDRESS	
City-S1-ZiP	CARYVILLE FL 32427		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	Change Addition
NAME	GRIFFIN, IRMA		2.2 NAME	
STREET ADDRESS	COUNTY ROAD 179N		2.3 STREET ADDRESS	
CITY-ST-ZIP	CARYVILLE FL 32427		2. 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	Change Addition
NAME	LEWIS, EDDIE		3.2 NAME	
STREET ADDRESS	800 MAYFIELD ST J-58		3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	MONROEVILLE AL S	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME	S HARRIS, KENZIE		4.2 NAME	C Onenge C Addition
STREET ADDRESS	CR 179 N		4.2 NAME	
CITY-ST-ZIP	CARYVILLE FL 32427		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	Change Addition
NAME	SIMMS, EARL	_	5.2 NAME	
STREET ADDRESS	PO BOX 232 N/A		5.3 STREET ADDRESS	
CITY-ST-ZIP	CARYVILLE FL 32427		5.4 CITY-ST-ZIP	
TIBLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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.

SIGNATURE: JAME 1 STORRY & CRICK FEIN

2-2-98 (950) 548-9102