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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N93000004009

1. Corporation Name

JERRY GRIFFIN MINISTRIES INC.

Principal Place of Business	Mailing Address
COUNTY ROAD 179N CARYVILLE FL 32427	COUNTY ROAD 179N CARYVILLE FL 32427

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	**08/24/1993**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number **59-3203739** / Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑ / $8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution ☑ / $5.00 May Be Added to Fees

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** NAME **GRIFFIN, JERRY L** STREET ADDRESS **COUNTY ROAD 179N** CITY-ST-ZIP **CARYVILLE FL 32427**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VD** NAME **GRIFFIN, IRMA** STREET ADDRESS **COUNTY ROAD 179N** CITY-ST-ZIP **CARYVILLE FL 32427**	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME **LEWIS, EDDIE** STREET ADDRESS **800 MAYFIELD ST J-58** CITY-ST-ZIP **MONROEVILLE AL**	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **S** NAME **HARRIS, KENZIE** STREET ADDRESS **CR 179 N** CITY-ST-ZIP **CARYVILLE FL 32427**	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME **SIMMS, EARL** STREET ADDRESS **PO BOX 232 N/A** CITY-ST-ZIP **CARYVILLE FL 32427**	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: _Jerry Griffin_ SIGNATURE REQUIRED GRIFFIN   1-11-99   (850) 548-9190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)