FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT ~~2000~~ 2001

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

FILED

01 SEP 10 AM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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[redacted]

REINSTATEMENT DD 01

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DOCUMENT # N93000004778

1. Corporation Name
ZEPHYRHILLS MINISTERIAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 1363~~	~~P.O. BOX 1363~~
~~ZEPHYRHILLS FL 33539~~	~~ZEPHYRHILLS FL 33539~~

2. Principal Place of Business	2a. Mailing Address	
21 5855 16th St.	26 5855 16th St.	3. Date Incorporated or Qualified: 10/21/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-3222167 ☐ Applied For ☐ Not Applicable
City & State 23 Zephyrhills - Fl.	City & State 28 Zephyrhills, Fl.	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip 24 33540 Country 25 PASCO	Zip 29 33540 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. **Name and Address of Current Registered Agent**

FORD, CRAIG
38636 FIFTH AVE.
ZEPHYRHILLS FL 33540

10. **Name and Address of New Registered Agent**

81 Name ~~TALBOTT DENNY~~ The Rev Nancy Farley
82 Street Address (P.O. Box Number is Not Acceptable) ~~6151 12TH ST~~ 5855 16th St.
83
84 City ZEPHYRHILLS FL 85 Zip Code 33540

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 s. 617.0503, Florida Statutes.

SIGNATURE [redacted] Nancy Farley 9/6/01
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	VPD	☒ DELETE	1.1 TITLE	V/P/D	☐ Change ☒ Addition
NAME	MCVAY, BILL		1.2 NAME	Nancy Farley	
STREET ADDRESS	38728 SPARROW COURT		1.3 STREET ADDRESS	5855 16th St.	
CITY-ST-ZIP	DADE CITY FL		1.4 CITY-ST-ZIP	Zephyrhills, FL. 33540	LS
TITLE	PD	☒ DELETE	2.1 TITLE	~~P/D~~	☐ Change ~~☒ Addition~~
NAME	FORD, CRAIG		2.2 NAME	~~DENNY, TALBOTT~~	
STREET ADDRESS	38636 FIFTH AVE.		2.3 STREET ADDRESS	~~6151 12TH ST.~~	
CITY-ST-ZIP	ZEPHYRHILLS FL		2.4 CITY-ST-ZIP	~~ZEPHYRHILLS, FL. 33540~~	
TITLE	SD	☐ DELETE	3.1 TITLE	A.C. Bryant DT	☐ Change ☒ Addition
NAME	GENTON, MARC		3.2 NAME		
STREET ADDRESS	8648 WIRE ROAD		3.3 STREET ADDRESS	33425 S.R. 43	
CITY-ST-ZIP	ZEPHYRHILLS FL		3.4 CITY-ST-ZIP	Zephyrhills, Fl. 33540	
TITLE	TD	☒ DELETE	4.1 TITLE	T/D	☐ Change ☒ Addition
NAME	YATES, ROBERT G.		4.2 NAME	Patrick Caterson	
STREET ADDRESS	5855 SIXTEENTH ST.		4.3 STREET ADDRESS	6251 Ft. King Rd.	
CITY-ST-ZIP	ZEPHYRHILLS FL		4.4 CITY-ST-ZIP	Zephyrhills, FL. 33541	
TITLE		☐ DELETE	5.1 TITLE	Eddie Nunn DS	☐ Change ☒ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	5604 Brown	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Zephyrhills Fl 33540	
TITLE		☐ 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, with all other like empowered.

SIGNATURE: ~~[signature]~~ ~~3/30/00~~ ~~813-788-7032~~

CR2E037 (11/98)