## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # No. Corporation Name

Principal Place of Business

**ORANGE PARK FL 32067-2213** 

SIGNATURE:

P.O. BOX 2213

N94000001536 (1)

Mailing Address

ORANGE PARK FL 32067-2213

P.O. BOX 2213

MUSIC MINISTERS OF JESUS, INC.

						3. Date Incorporated or Qualified 03/28/1994 3a. Date of Last Report 02/21/1996						
2. Principal Pa	ace of Business	2a. Mailing Address				4. FEt Number 59-3198239				Applied For Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>—</b>	75 Ac	ditional ulred		
City & State		City & State				<ol><li>Election Campaign Financin Trust Fund Contribution</li></ol>	cing \$5.00 May Be Added to Fees					
Zip	Country Zip Country				8. This corporation has liability for intangible tax under s. 199.032,							
24	25 29 30 30 9. Name and Address of Current Registered Agent					Florida Statutes						
	<u> </u>		81	T	Name	10. 10. 10. 10. 10. 10. 10. 10. 10. 10.						
GRISMER, ROBERT J JR.					82 Street Address (P.O. Box Number is Not Acceptable)							
937 RIDGEWAY CT.				B3								
ORANGE PARK FL 32065-5800												
			84	1	City		FI	85	Zip C	ode		
11. Pursuant t	o the provisions of Sections 617 050	2 and 617 1508. Florida Statul	tes the abov	 /B→F	named corpor	ation submits this statement for t		e l	nina its	registered		
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 age	nt and title if applicable. (NO	TE: Registered Ag	en!	signature required t	when reinstating)	DATE					
12.	OFFICERS AND		13.		_ <del></del>	ADDITIONS/CHANGES TO C	FFICERS AN	D DIRE	CTORS	IN 12		
TITLE	PD	DELETE	1.1 TITLE					□ c+	ange	☐ Addition		
NAME	NEWTON, ALAN D		1.2 NAME									
STREET ADDRESS	2070 TANAGER DR.		1.3 STREE	T AE	ODRESS							
CITY - ST - ZIP	ORANGE PARK FL 32073	T beless	1.4 CITY-	ST-	ZIP			1 1 6		F 1 4 100		
TITLE	STD BOREST LIB	☐ DELETE	2.1 TITLE		Ì			L Ch	ange	☐ Addition		
NAME	GRISMER, ROBERT J JR.		2.2 NAME									
STREET ADDRESS	937 RIDGEWAY CT.				DDRESS							
CITY-ST-ZIP	ORANGE PARK FL 32065-5800			- \$1 -	-ZiP			□ cr	anne	Addition		
TITLE NAME	HUTH, BOBBIE-JO M		3.1 TITLE 3.2 NAME					L (1)	in igo	Addition		
STREET ADDRESS	465 JERI DR.				DDRESS							
CHTY-ST-ZIP	GREEN COVE SPRINGS FL				1							
TITLE	D	DELETE	3.4. CITY-		***			Ci	ange	Addition		
NAME	GRISMER, EMMA I	_	4. 2 NAME					_	•	_		
STREET ADDRESS	937 RIDGEWAY CT.		4.3 STREE	T AD	DORESS							
CITY-ST-ZIP	ORANGE PARK FL 32065-580	00	4.4 CITY -	ST-	ZIP							
TITLE		☐ DELETE	5.1 TITLE					C	ange	Addition		
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREE	T AE	DORESS							
CITY-ST-ZIP			5.4 CITY-	ST-	ZIP							
TITLE		☐ DELETE	6.1 TITLE					CI	ange	Addition		
NAME			6.2 NAME									
STREET ADDRESS			63 STREE	T A	DDRESS							
CITY-\$1-ZIP			6 4 CITY-			A 440 BT/2: (2) E						
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 12 if changed, or on an attachment with an address.												