

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # N94000004814 (9)

1. Corporation Name

PRISCILLA AKINS MINISTRIES, INC.

Principal Place of Business

22 COLLEGE STREET
MACCLENNY FL 32063

Mailing Address

22 COLLEGE STREET
MACCLENNY FL 32063

3. Date Incorporated or Qualified
09/29/1994

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21 18 South 5th street

26 18 South 5th Street

4. FEI Number
59-3270539

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

23 City & State

27 City & State

23 Macclenny Fla.

27 Macclenny Fla.

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip Country
32063 Baker

29 Zip Country
32063 Baker

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

AKINS, PRISCILLA
22 COLLEGE STREET
MACCLENNY FL 32063

81 Name AKINS, PRISCILLA

82 Street Address (P.O. Box Number is Not Acceptable)
18 S. 5th Street

83

84 City macclenny

FL 85 Zip Code 32063

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

TITLE PVD
NAME AKINS, PRISCILLA
STREET ADDRESS 680 S. 6TH STREET
CITY-ST-ZIP MACCLENNY FL 32063 ☐ DELETE

TITLE VD
NAME FORD, DOROTHY M
STREET ADDRESS P.O. BOX 191 N/A
CITY-ST-ZIP SANDERSON FL 32087 ☐ DELETE

TITLE STD
NAME DANIELS, JENELL
STREET ADDRESS P.O. BOX 715 N/A
CITY-ST-ZIP GLEN ST. MARY FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Tr
1.2 NAME Sylvester Ford
1.3 STREET ADDRESS P.O. Box 191 N/A
1.4 CITY-ST-ZIP SANDERSON ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0076787

CR2E037 (9/96)