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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005041 (8)**

1. Corporation Name

THE CURRY MINISTRIES INC.



Principal Place of Business

Mailing Address

**769 CREEK WATER TERR
#115
LAKE MARY FL 32746
US**

**P O BOX 2332
SANFORD FL 32772-2332
US**

3. Date Incorporated or Qualified

10/12/1994

4. FEI Number

59-3272232

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 769 Creek Water Terr.

26 P.O. Box 2332

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt. # 115

27

City & State

City & State

23 Lake Mary, Fl. 32746

28 Sanford, FL

Zip

Zip

34 32746

Country

29 32742

Country

25 U.S.A.

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CURRY, ROBERT E JR.
769 CREEK WATER TERR, #115
LAKE MARY FL 32746**

81 Name

MINISTER ROBERT E. CURRY, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

769 Creek Water Terr. #115

83

84 City

Lake Mary, FL

FL

85 Zip Code

32746

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

29 Apr 98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D
NAME
CURRY, ROBERT E JR.
STREET ADDRESS
769 CREEK WATER TERR., #115
CITY-ST-ZIP
LAKE MARY FL**

TITLE ☐ DELETE

**D
NAME
CURRY, ROBERT E III
STREET ADDRESS
769 CREEK WATER TERR., #115
CITY-ST-ZIP
LAKE MARY FL**

TITLE ☐ DELETE

**D
NAME
GRAY, KATHLEEN P
STREET ADDRESS
1176 LOST TRAIL
CITY-ST-ZIP
FORT WALTON BEACH FL 32547**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Director / Vice President

Kathleen P. Gray

1176 Lost Trail

Fort Walton Beach, FL 32547

Director / Secretary

Dorothy S. Wagner

425 Belvoir Dr.

Mont. AL 36116

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

29 Apr 98

Daytime Phone # **0014580**

CR2E037 (10/97)