FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # 1/940000504/ ** 1. Corporation Name the Curry Ministries, INC.

Principal P ace of Business

Mailing Address

37.17 Chimmy Dr. P.O. Box 2332 Titusville, Fl. 32796 SANGORD, Fl.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90120 005 ****70.00

	·	·				
2. Principa Pla		2a. Mailing Address	032.5	3. Date tricorporated or Qualifed		
	- Chima Dr.		<i>33</i> 32	17 Oct 94		
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		4. FEI Number		lied For
22		27		59-327-2232		Applicable
City & Sate 23 T. Husville H.		City & State		5. Certificate of Status Desired	\$8.75 A	
24 32.75	96 25 U.S.A.	29 32772	Country S. A.	- 6. Election Campaign Financing Trust Fund Contribution	\$5.00 ! Added to	May Be _ o Fees
	9. Name and Address of Current			10. Name and Address of New Register	ed Agent	
90.10	ort E. Curry,	Tr.	81 Name			
110624	1, 6. (36,17)		82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
371	7 Chiara Or.					
	11 /1 /	22-01	83			
TNA	usville, Florida 3	52796	84 City		85 Zip C	c de
1			'		- <u> </u>	
11. Pursuant to	the provisions of Sections 617.0502	and 617.1508, Florida Statu	teg, the above-named corpo	oration submits this statement for the purpose	of changing its r	registered
office or re	gistered agent, or both in the State	Florida, Such change was	outhorized by the corpora ic	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as reg	listered
	1 11 211			1 6 Ato.	199	
SIGNATURE:	Signature, typed of plinted name of registered agent	and title of applipable. (NOT	E Registered Agent signature required	d when reinstating)	/-/	
12.	OFFICE REANE	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	President / Found	ELETE	1.1 TITLE		☐ Change	Addition
NAME	Robert E. Curry	Šr.	1.2 NAME			
STREET ADDRES 3	3717 Chimra Dr.		1.3 STREET ADDRESS			
CITY-ST-ZIP	THUSVILLE Kl.	3>796	1.4 CITY-ST-ZIP			
TITLE	Wice president	☐ DELETE	2.1 TITLE		Change	Addition
NAME	KATHERN GRAY,		22 NAME			
STREET ADDRESS	1176 LOST TOAIL		2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. WATTONIBLACE	1, pl 32547	2. 4 CITY-ST-ZIP			
TITLE	Secretory	DELETE	31 TITLE		Change	Addition
NAME	Dorthy J WACNI	_	3.2 NAME			•
STREET ADDRESS:	425 00 1000		3.3 STREET ADDRESS			
CITY-ST-ZIP	Mostagnia	21.116	34 CITY-ST-ZIP			
TITLE	- 171.	DELETE	4.1 TITLE		Change	Addition
NAME	·		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME		-	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			-
			6 3 STREET ADDRESS			
STREET ADDRESS			6.4 CITY-ST-ZIP			
CITY-ST-ZIP			0.4 CH 1-31-ZIF			

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 of suppliemental 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 of 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 of an attachment with an address, with an other like empowered.

SIGNATURE:

D sytime Phone #

CR2E037 (11/98)