

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

95 MAY -1 PM 2: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N94000005109 (3)

1. Corporation Name

PASSION MINISTRIES, INC.

Principal Place of Business

Mailing Address

301 E. CENTRAL AVENUE
BLOUNTSTOWN FL 32424

301 E. CENTRAL AVENUE
BLOUNTSTOWN FL 32424

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1994

3a. Date of Last Report

N/A

4. FEI Number

59-3249728

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1100 Calhoun AVE

26 Route 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 Box 17-B

City & State

City & State

23 Blountstown FL

28 Altha FL

Zip

Country

Zip

Country

24 32424

25

29 32421

30 Calhoun

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

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 Now Registered Agent

FOLK, JIMMY
ROUTE 1, BOX 17B
ALTA FL 32421

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FOLKS, JIMMY C
STREET ADDRESS ROUTE 1, BOX 17B
CITY- ST- ZIP ALTHA FL 32421

TITLE D
NAME FOLKS, PATSY C
STREET ADDRESS ROUTE 1, BOX 17B
CITY- ST- ZIP ALTHA FL 32421

TITLE D
NAME FOLKS, DONNIE E
STREET ADDRESS 2033 DESOTO AVENUE
CITY- ST- ZIP SNEADS FL 32460

TITLE D
NAME FOLKS, LISA L
STREET ADDRESS 2033 DESOTO AVENUE
CITY- ST- ZIP SNEADS FL 32460

TITLE D
NAME RIDLEY, HAROLD D
STREET ADDRESS ROUTE 1, BOX 18
CITY- ST- ZIP BLOUNTSTOWN FL 32424

TITLE D
NAME RIDLEY, KATHY
STREET ADDRESS ROUTE 1, BOX 18
CITY- ST- ZIP BLOUNTSTOWN FL 32424

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Jimmy C. Folk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/95
Date

904-614-8437
Telephone (Area #)