

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N94000005109 (3)**  
1. Corporation Name

**PASSION MINISTRIES, INC.**



Principal Place of Business  
**1100 CALHOUN AVE  
BLOUNTSTOWN FL 32424**

Mailing Address  
**ROUTE 1  
BOX 17-B  
ALTHA FL 32421**

3. Date Incorporated or Qualified <b>10/17/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-3249728</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent <b>FOLK, JIMMY ROUTE 1, BOX 17B ALTHA FL 32421</b>	10. Name and Address of New Registered Agent
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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FOLKS, JIMMY C</b>	1.2 NAME	<b>Vickey Harmon</b>
STREET ADDRESS	<b>ROUTE 1, BOX 17B</b>	1.3 STREET ADDRESS	<b>311 North Hill</b>
CITY-ST-ZIP	<b>ALTHA FL 32421</b>	1.4 CITY-ST-ZIP	<b>Blountstown, FL 32424</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>FOLKS, PATSY C</b>	2.2 NAME	
STREET ADDRESS	<b>ROUTE 1, BOX 17B</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTHA FL 32421</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>FOLKS, DONNIE E</b>	3.2 NAME	
STREET ADDRESS	<b>2033 DESOTO AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SNEADS FL 32460</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	<b>FOLKS, LISA L</b>	4.2 NAME	
STREET ADDRESS	<b>2033 DESOTO AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SNEADS FL 32460</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>RIDLEY, HAROLD D</b>	5.2 NAME	
STREET ADDRESS	<b>ROUTE 1, BOX 16</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BLOUNTSTOWN FL 32424</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>RIDLEY, KATHY</b>	6.2 NAME	
STREET ADDRESS	<b>ROUTE 1, BOX 16</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BLOUNTSTOWN FL 32424</b>	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 119.07(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: Vickey Harmon Secretary 4/26/96 904 674-8437  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)