

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N95000004039

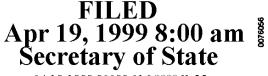
1. Corporation Name

LARRY MASSEY CHRISTIAN MINISTRIES, INC.

Principal Place of Business 17595 SE 95 STATE ROAD OCKLAWAHA FL 32179

Mailing Address

17595 SE 95 STATE ROAD OCKLAWAHA FL 32179



04-19-1999 90099 016 ****61.25

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|---|--|------------------------------|---------------------|---|------------------|--|-----------|------------|-----------------|
| 2. Princinal P | Place of Business | 2a. Mailing Add | ess | | | 3. Date Incorporated or Qualifed | | | |
| 21 | 26 | | | | | 08/22/1995 | | | |
| | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 4. FEI Number | | | Applied For |
| ⊨ ¬ ' ' ' ' ' | | 27 | | | | 59-3353297 | | | lot Applicable |
| City & State City & State | | | | | | | | \$8.75 | Additional |
| 23 28 28 28 28 28 28 28 28 28 28 28 28 28 | | | | | | 5. Certifcate of Status Desired | 2,40 | Fee F | Required |
| -Zip | Country | Zip | Cor | untry | | 6. Election Campaign Financing | - | \$5.0 | 0 мау Ве |
| 24 | 25 | 29 | 30 | | ~ | Trust Fund Contribution | | Added | to Fees |
| | 9. Name and Address of Current | t Registered Agent | | 1., | | 10. Name and Address of New Regist | ered A | gent | |
| | | | *car | 81 | Name | | | | |
| MUTCH | SAMUEL A | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | ND SR 51 | | | | • | | | | |
| MAYO FL | | | | 83 | | | | | |
| 11111111111 | . 02000 | | ÷ | 84 | City | <u></u> | | 85 Zig | Code |
| | | | | | • | | <u>FL</u> | 1 . | |
| 11. Pursuant | to the provisions of Sections 617.0502 | 2 and 617.1508, Flor | ida Statutes, the a | above | -named co | rporation submits this statement for the purpo | se of o | hanging i | ts registered |
| office or | registered agent, or both, in the State or am familiar with, and accept the obligat | of Florida. Such char | ide was authonze | ю ру | tne corpora | tion's board of directors. I hereby accept the | ahhoin | นเเษาเนสรา | eAlareren |
| - | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agen | t and title if applicable. | (NOTE: Registere | d Agen | t signature requ | ired when reinstating) DA | | | |
| 12. | OFFICERS AN | D DIRECTORS | · -13. | | | ADDITIONS/CHANGES TO OFFICER | RS ANI | | |
| TITLE | D | | ELETE 1.1 T | TTLE | | | | ☐ Change | Addition |
| NAME | MASSEY, LARRY | | 1.2 N | MAME | | | | | |
| STREET ADDRESS | | | 1.3 8 | 1.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | CITY-S1 | T-ZIP | | | | |
| TITLE | D | | ELETE 2.1 T | ITILE | | | | ☐ Change | Addition |
| NAME | MASSEY, BETTY | | 2.2 N | AME | ļ | | | | |
| STREET ADDRESS 17595 SE 95 STATE ROAD | | | 2.3 5 | 2.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | OCKLAWAHA FL 32179 | | 2.41 | CITY-S | T-ZIP | | | | |
| TITLE | D | | ELETE 3.1 T | ITLE | | | | Change | e 🔲 Addition |
| NAME | WALKER, TIM | | 3.2 N | AME | | | | | |
| STREET ADDRESS | l | | 3.3 8 | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | MAYO FL-32066= | ئ ىد شىرىكىد ىيى. | 3.4 | CITY-S | T-ZIP | | | | |
| TITLE | | | DELETE 4.1 T | TITLE | | | | ☐ Chang | e 🔲 Addition |
| NAME | 1 | | 4.2 | NAME | | | | | |
| STREET ADDRESS | s 1 | | 4.3 9 | STREET | TADDRESS | | | | |
| CITY-ST-ZIP | 1 . | | 4.4 (| CITY-S | T-ZIP | | | | |
| TITLE | | | | TITLE | | | | Change | e Addition |
| NAMÉ | , | | 5.2 N | VAME | | | | | |
| STREET ADDRESS | | | 5.3 5 | STREET | TADORESS | | | | |
| CITY-ST-ZIP | 1 | | 5.4 (| CITY-S | T-ZIP | | | | |
| TITLE | | | ELETE 6.1 T | ITILE | | | | ☐ Change | e |
| NAME . | | - | 6.2 M | VAME | | | | | |
| STREET ADDRESS | | | 6.3 5 | STREE | TADORESS | | | | |
| | | | 641 | CITY-S | T-ZIP | | | | |
| CITY-ST-ZIP | · | | 0.41 | J.,, O | | | | | |

CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: