

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000005436 (9)

1. Corporation Name

TIM WILSON MINISTRIES, INC.



Principal Place of Business

2825 TIMBER KNOLL DRIVE
VALRICO FL 33594

Mailing Address

2825 TIMBER KNOLL DRIVE
VALRICO FL 33594

3. Date Incorporated or Qualified

11/13/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc

2825 Timber Knoll

City & State

VALRICO FL.

Zip

33594

Country

U.S.

2a. Mailing Address

26

Timothy J. Wilson

Suite, Apt. #, etc

2825 Timber Knoll Dr.

City & State

VALRICO, FL.

Zip

33594

Country

U.S.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILSON, RICHARD H
215 WEST VERNE STREET STE A
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

RICHARD H. WILSON

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

525 Charles Place

83

84 City

BRANDON

FL

85 Zip Code

33511

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILSON, TIM
2825 TIMBER KNOLL DRIVE
VALRICO FL 33594

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILSON, SHIRLEY
525 CHARLES PLACE
BRANDON FL 33511

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILSON, RICHARD H
525 CHARLES PLACE
BRANDON FL 33511

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GROOVER, ALAN
1620 PALACE COURT
VALRICO FL 33594

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MACK, BOB
648 FLAMINGO DRIVE
APOLLO BEACH FL 33572

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
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 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

Timothy J. Wilson (P) Timothy J. Wilson

Date

1-30-96

Daytime Phone #

813-6530422

CR2E037 (12/95)