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Jun 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000005436 (9)

1. Corporation Name

TIM WILSON MINISTRIES, INC.



Principal Place of Business

Mailing Address

2825 TIMBER KNOLL DRIVE
2825 TIMBER KNOLL
VALRICO FL 33594
US

WILSON, TIMOTHY J
2825 TIMBER KNOLL DR
VALRICO FL 33594-5665
US

3. Date Incorporated or Qualified
11/13/1995

3a. Date of Last Report
02/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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4. FEE
65-0640701
Applied For
Not Applicable

5. Certificate of Status Obtained ☐ \$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

10. Name and Address of New Registered Agent

WILSON, RICHARD H
525 CHARLES PLACE
BRANDON FL 33511

81 Name TIM WILSON
82 Street Address (P.O. Box Number is Not Acceptable) 2825 Timber Knoll Dr
83
84 City VALRICO FL 85 Zip Code 33594

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 *Tim Wilson* (NOTE: Registered Agent signature required when reinstating)

SIGNATURE

Signature, typed or printed name, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

2.1 TITLE Treasurer
2.2 NAME WILSON, TIM W
2.3 STREET ADDRESS 2825 Timber Knoll Dr
2.4 CITY-ST-ZIP VALRICO FL 33594 ☐ Change ☒ Addition

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

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

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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.

SIGNATURE

Tim Wilson

4-28-97

CR2E037 (9/96)