FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 28 1998 8:00am Secretary of State

TIM WILSON MINISTRIES, INC. Principal Place of Business Malling Address WILSON, TWOTHY J 2825 TRUBER NOWLL DRY VARADO R, 30594 US Delta Country Substance of Business Tell Register (Now Country	1. Corporation Name N95000005436 (9)								
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WILSON, TIM 2825 TIMBER KNOLL DRIVE VALRICO FL 33594 46 City FL 85 Zip Code 47. Pursuant to the provisions of Sections 617,0502 and 617,1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 617,0503, Florida Statutes, SIGNATURE SIGNATURE TITLE OFFICERS AND DIRECTORS TITLE OKINGTORS ONY: 51-2P TITLE VALRICO FL 33594 TITLE DELETE 11 TITLE VALRICO FL 33594 DELETE 31 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VALRICO FL 33594 DELETE 31 ITILE D CHANGE VALRICO FL 33594 DELETE 31 TITLE D CHANGE Addition WILSON, JUDYLEY W 22 SINKET ADDRESS CITY: 51-2P VALRICO FL 33594 DELETE 31 TITLE D CHANGE Addition MAC BRIEF ADDRESS CITY: 51-2P TITLE D CHANGE ACRESS CITY: 51-2P ACRESS CITY: 51-2P ACRESS	24	26							
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2825 TIMBER KNOLL DRIVE VALRICO FL 33594 53 64 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 lits registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the elegistered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lits registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. Make WILSON, TIM 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D D DELETE 11. TITLE D Change Addition WILSON, JUDYLEY W 22. MAKE STREET ADDRESS CITY-S1-2P VALRICO FL 33594 TITLE D D DELETE 31. TITLE D Change Addition Addition STREET ADDRESS CITY-S1-2P VALRICO FL 33594 TITLE D D DELETE 41. TITLE D Change Addition Addition STREET ADDRESS CITY-S1-2P VALRICO FL 33594 ACITY-S1-2P VALRICO FL 33594 ACITY-S1-2P TITLE D D DELETE 41. TITLE D Change Addition Addition MAKE STREET ADDRESS CITY-S1-2P VALRICO FL 33594 ACITY-S1-2P TITLE D D DELETE 41. TITLE D Change Addition Addition Addition ACITY-S1-2P TITLE D Change Addition Change Addition Addition Addition Acity S1-2P ACITY-S1-2P	149 661						Name		
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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 it made under path; that I am an					6400	TY-S1	r-zip i		

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 appears.