

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # **N95000005498 (9)**

1. Corporation Name

**TRY GOD MINISTRIES, INC.**

Principal Place of Business

1570 MCCONNIE ST.  
JACKSONVILLE FL 32209

Mailing Address

1570 MCCONNIE ST.  
JACKSONVILLE FL 32209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/17/1995** 3a. Date of Last Report **08/20/1996**

2. Principal Place of Business  
21 **4923 vermont rd.**

2a. Mailing Address  
26 **4923 VERMONT RD.**

4. FEI Number **APPLIED FOR** Applied For ☐ Not Applicable ☐

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State  
23 **JACKSONVILLE, FL.**

27 City & State  
28 **JACKSONVILLE, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **32209** 25 Country **DUVAL**

29 Zip **32209** 30 Country **DUVAL**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AUSTIN, TYRONE L**  
**1570 MCCONNIE ST.**  
**JACKSONVILLE FL 32209**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **4923 VERMONT RD.**  
83  
84 City **JACKSONVILLE** FL 85 Zip Code **32209**

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 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 **PD** ☐ DELETE  
NAME **AUSTIN, TYRONE L**  
STREET ADDRESS **4923 VERMONT RD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**200002315492--3**  
**-10/08/97--01110--020**  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

TITLE **VD** ☐ DELETE  
NAME **AUSTIN, BRENDA**  
STREET ADDRESS **4923 VERMONT RD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

TITLE **VD** ☐ DELETE  
NAME **AUSTIN, TYRONE L JR.**  
STREET ADDRESS **4923 VERMONT RD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

TITLE **TD** ☐ DELETE  
NAME **AUSTIN, TINA**  
STREET ADDRESS **4923 VERMONT RD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

TITLE **SD** ☐ DELETE  
NAME **MADDOX, NICHELLE**  
STREET ADDRESS **11291 HARTS RD., #1205**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

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 **SIGNATURE REQUIRED**

97 OCT -2 11 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E037 (4/97)