

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005498

1. Corporation Name

TRY GOD MINISTRIES, INC.

Principal Place of Business

4923 VERMONT RD.  
JACKSONVILLE FL 32209

Mailing Address

4923 VERMONT RD.  
JACKSONVILLE FL 32209

FILED  
Aug 18, 1999 8:00 am  
Secretary of State

08-18-1999 90005 043 \*\*\*\*69.75

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2. Principal Place of Business

21 358 WOODBINE ST.

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE, FL.

Zip

24 32206

Country

25 DUVAL

2a. Mailing Address

26 358 WOODBINE ST.

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE, FL.

Zip

29 32206

Country

30 DUVAL

3. Date Incorporated or Qualified

11/17/1995

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

AUSTIN, TYRONE L  
4923 VERMONT RD.  
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name

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

83

84 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 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

TITLE PD ☐ DELETE

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

TITLE VD ☐ DELETE

NAME AUSTIN, BRENDA  
STREET ADDRESS 4923 VERMONT RD.  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE VD ☐ DELETE

NAME AUSTIN, TYRONE L JR.  
STREET ADDRESS 4923 VERMONT RD.  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE TD ☐ DELETE

NAME AUSTIN, TINA  
STREET ADDRESS 4923 VERMONT RD.  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE SD ☐ DELETE

NAME MADDOX, NICHELLE  
STREET ADDRESS 11291 HARTS RD., #1205  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE: Tyrone Austin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-12-99 (904) 696-9167  
Date Daytime Phone #

CR2E037 (5/99)