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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000000273 (0)
1. Corporation Name
TIM HICKS MINISTRIES, INC.



Principal Place of Business Mailing Address
RTE. 2, BOX 130 (NORTH OF HAVANA ON HWY. #27) HAVANA FL 32333
RTE. 2, BOX 130 (NORTH OF HAVANA ON HWY. #27) HAVANA FL 32333-9607

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
24 25 29 30

3. Date Incorporated or Qualified 01/17/1996 3a. Date of Last Report
4. FEI Number 59-3354653 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
HICKS, MORRIS T
RTE. 2, BOX 130
(NORTH OF HAVANA ON HWY. #27)
HAVANA FL 32333

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT & TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TIM HICKS
1.3 STREET ADDRESS	RT. 2, BOX 130 (HIGHWAY 27N)
1.4 CITY-ST-ZIP	HAVANA, FL. 32333
2.1 TITLE	VICE PRESIDENT & TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KAYE HICKS
2.3 STREET ADDRESS	RT. 2, BOX 130 (HIGHWAY 27N)
2.4 CITY-ST-ZIP	HAVANA, FL. 32333
3.1 TITLE	SECRETARY & TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BILLY D. REGISTER
3.3 STREET ADDRESS	RT. 2, BOX 130 (HIGHWAY 27N)
3.4 CITY-ST-ZIP	HAVANA, FL. 32333
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Morris T. Hicks* (MORRIS T. HICKS) 1-19-97 904-539-5808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #006956

CR2E037 (9/96)