

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000273 (0)**

1. Corporation Name

**TIM HICKS MINISTRIES, INC.**



Principal Place of Business <b>RTE. 2, BOX 130 (NORTH OF HAVANA ON HWY. #27) HAVANA FL 32333</b>		Mailing Address <b>RTE. 2, BOX 130 (NORTH OF HAVANA ON HWY. #27) HAVANA FL 32333</b>		3. Date Incorporated or Qualified <b>01/17/1996</b>	
		4. FEI Number <b>59-3354653</b>		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business <b>21 P.O. BOX 576, HAVANA, FL</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 P.O. BOX 576, HAVANA, FL</b> Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>22 NORTH OF HAVANA ON HWY. 27</b> City & State		<b>NORTH OF HAVANA ON HWY. 27</b> City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>23 HAVANA, FLORIDA</b> Zip		<b>28 HAVANA, FLORIDA</b> Zip		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>24 32333</b>		<b>29 32333</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>25 GADSDEN</b>		<b>30 GADSDEN</b>			

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	<b>HICKS, MORRIS T.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>638 MILLER ROAD</b>
83	
84 City	<b>HAVANA, FL</b>
85 Zip Code	<b>32333</b>

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	PT <input type="checkbox"/> DELETE	1.1 TITLE	<b>P/T/H</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HICKS, TIM</b>	1.2 NAME	<b>HICKS, TIM</b>
STREET ADDRESS	<b>RTE. 2, BOX 130 (HIGHWAY 27 N)</b>	1.3 STREET ADDRESS	<b>638 MILLER RD.</b>
CITY - ST - ZIP	<b>HAVANA FL 32333</b>	1.4 CITY - ST - ZIP	<b>HAVANA, FL 32333</b>
TITLE	PT <input type="checkbox"/> DELETE	2.1 TITLE	<b>V/T/H</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HICKS, KAYE</b>	2.2 NAME	<b>HICKS, KAYE</b>
STREET ADDRESS	<b>RTE. 2, BOX 130 (HIGHWAY 27 N)</b>	2.3 STREET ADDRESS	<b>638 MILLER RD.</b>
CITY - ST - ZIP	<b>HAVANA FL 32333</b>	2.4 CITY - ST - ZIP	<b>HAVANA, FL 32333</b>
TITLE	PT <input type="checkbox"/> DELETE	3.1 TITLE	<b>S/T/T/H</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REGISTER, BILLY</b>	3.2 NAME	<b>REGISTER, BILLY</b>
STREET ADDRESS	<b>RTE. 2, BOX 130 (HIGHWAY 27 N)</b>	3.3 STREET ADDRESS	<b>638 MILLER RD.</b>
CITY - ST - ZIP	<b>HAVANA FL 32333</b>	3.4 CITY - ST - ZIP	<b>HAVANA, FL 32333</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE:

**Billy Register**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-9-98 (904) 539-5105**  
Date Daytime Phone # OFFICER

CR2E037 (10/97)