FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

30

DOCUMENT # N96000000273 1. Corporation Name TIM HICKS MINISTRIES, INC.							
Principal Place of Business P.O. BOX 576, HAVANA, FL NORTH OF HAVANA ON HWY 27 HAVANA FL 32333 US		Mailing Address					
		P.O. BOX 576, HAVANA, FL NORTH OF HAVANA ON HWY 27 HAVANA FL 32333 US					
2. Principal Place	of Business	2a. Mailing Address					
21		26					
Suite, Apt. #, et	tc.	Suite, Apt. #, etc.					
22		27					
City & State		City & State					
23		28	100				
Zip	Country	Zip Country					

9. Name and Address of Current Registered Agent

FILED Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90030 016 ****61.25

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Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

01/17/1996 4. FEI Number

59-3354653

	•		"	Ivanio				
HICKS, MORRIS T.			82	Street	Street Address (P.O. Box Number is Not Acceptable)			
638 MILLE	T 1 T T		83	3				
V	IF HAVANA ON HWY. #27)		Ĺ	•				
HAVANA F	FL 32333		84	City	FI.	85 Zip C	ode	
11/1 (0.03 2.35	to the provisions of Sections 617.0502 and 617.1508	Florida Statutas	the abou	in named		changing its	egistered	
Affica of P	to the provisions of Sections 617.0302 and 617.1306 egistered agent, or both, in the State of Florida. Such in familiar with, and accept the obligations of Section	change was author	onzea ov	/ tue corbo	oration's board of directors. I hereby accept the appo	intment as reg	istered }	
SIGNATURE		(MOTE: Per	nieterad Ans	ent signature r	equired when reinstating) DATE	v 		
12.	Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS		13.	on organization	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	
	PTR OFFICERS ARE BIRESTORS	DELETE	1,1 TITLE			Change	Addition	
TITLE	· · · ·		1.2 NAME					
NAME	HICKS, TIM				••			
STREET ADDRESS	638 MILLER ROAD			ET ADDRESS				
CITY-ST-ZIP	HAVANA FL 32333	DELETE	1.4 CITY-1			Change	Addition	
TITLE	VTR	☐ DELETE	2.1 TITLE				,	
NAME	HICKS, KAYE		2.2 NAME					
STREET ADDRESS	638 MILLER ROAD		2.3 STREI	ET ADDRESS				
CITY-ST-ZIP	HAVANA FL 32333	<u> </u>	2. 4 CITY-	ST-ZIP		Change	Addition	
TITLE	STTR	☐ DELETE	3.1 TITLE			☐ Change	[7] Modifion	
NAMEROKO, AS	REGISTER, BILLY		3.2 NAME					
STREET ADDRESS	638 MILLER ROAD		3.3 STRE	ET ADDRESS				
	HAVANA FL 32333		3.4. CITY-	ST-ZIP				
	it agran	☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAM	E		- 9t V	(5年) (1 19N)	
NAME STREET ADDRESS		٠	4.3 STRE	ET ADDRÉSS		1 m		
CITY-ST-ZIP	100	•	4.4 CITY-	ST-ZIP	<u> </u>		据品類	
TITLE		DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME	•				
			5.3 STRE	ET ADDRESS	!			
STREET ADDRESS	[하음		5,4 CITY-	ST-ZIP				
CITY-ST-ZIP	114 (14 (14 (14 (14 (14 (14 (14 (14 (14	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
TITLE			6.2 NAME	Ē	•	_		
NAME	46244471			- ET ADDRESS				
STREET ADDRESS						•		
CITY-ST-ZIP	certify that the information supplied with this filing doe		6.4 CITY-		ti o i to oriono Fi il otto de l'Europe	atific that the in	oformation	

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, over a attachment with an address, with all other like empowered.

SIGNATURE