

DOCUMENT # N96000000273

1. Entity Name

TIM HICKS MINISTRIES, INC.

FILED  
Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90054 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 576, HAVANA, FL  
NORTH OF HAVANA ON HWY 27  
HAVANA FL 32333  
US

P.O. BOX 576, HAVANA, FL  
NORTH OF HAVANA ON HWY 27  
HAVANA FL 32333-0576  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3354653

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKS, MORRIS T.  
638 MILLER ROAD  
(NORTH OF HAVANA ON HWY. #27)  
HAVANA FL 32333

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PTR ☐ Delete  
NAME HICKS, TIM  
STREET ADDRESS 638 MILLER ROAD  
CITY-ST-ZIP HAVANA FL 32333

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VTR ☐ Delete  
NAME HICKS, KAYE  
STREET ADDRESS 638 MILLER ROAD  
CITY-ST-ZIP HAVANA FL 32333

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STTR ☐ Delete  
NAME REGISTER, BILLY  
STREET ADDRESS 638 MILLER ROAD  
CITY-ST-ZIP HAVANA FL 32333

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Billy D. Register*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Branch #

Jan. 6, 2000 850-539

CR2007 (9/99)