

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 17 1997 8:00am
Secretary of State

DOCUMENT # N96000000569 (1)

1. Corporation Name

JACINTO M. SIMS MINISTRIES, INC.



Principal Place of Business

Mailing Address

408 ROLLING ROCK CT
JACKSONVILLE FL 32225

408 ROLLING ROCK CT
JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1923 Holly Oaks Ravine

25 1923 Holly Oaks Rav. Dr.

4. FEI Number

59-3361524

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

23 Jacksonville, FL

27 City & State

28 Jacksonville, FL

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip

Country

32225

USA

29 Zip

Country

32225

USA

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMS, JACINTO M
408 ROLLING ROCK CT
JACKSONVILLE FL 32225

81 Name

Sims, Jacinto M.

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

1923 Holly Oaks Ravine Drive

83

84 City

Jacksonville,

FL

85 Zip Code

32225

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 ☐ DELETE

DP
NAME SIMS, JACINTO M
STREET ADDRESS 408 ROLLING ROCK CT
CITY-ST-ZIP JACKSONVILLE FL 32225

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Sims, Jacinto M.
1923 Holly Oaks Ravine Drive
Jacksonville, FL 32225

TITLE ☐ DELETE

DV
NAME PITTS-SIMS, ERNESTINE
STREET ADDRESS 408 ROLLING ROCK CT
CITY-ST-ZIP JACKSONVILLE FL 32225

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Sims, Ernestine P.
1923 Holly Oaks Ravine Drive
Jacksonville, FL 32225

TITLE ☐ DELETE

DST
NAME SIMS, VIVIAN L
STREET ADDRESS 808 EIGHTH AVE S
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 REQUIRED

(M) (M) - 176m

CR2E037 (497)