

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 03 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N96000000809 (1)

1. Corporation Name

RAD MINISTRIES, INC.



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| Principal Place of Business 3332 CORBY STREET JACKSONVILLE FL 32205 | Mailing Address 3332 CORBY STREET JACKSONVILLE FL 32205-6008 |
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| 3. Date Incorporated or Qualified 02/15/1996 | 3a. Date of Last Report |
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| 2. Principal Place of Business 21 1810 IMESON ROAD Suite, Apt. #, etc. | 2a. Mailing Address 26 P.O. BOX 6483 Suite, Apt. #, etc. |
| 22 City & State 23 JACKSONVILLE, FLORIDA Zip 24 32220 Country | 27 City & State 28 JACKSONVILLE, FLORIDA Zip 29 32236-6483 Country |

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| 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent TAYLOR, A. REGINALD III 3332 CORBY STREET JACKSONVILLE FL 32205 | |
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| 10. Name and Address of New Registered Agent 81 Name A. REGINALD TAYLOR III 82 Street Address (P.O. Box Number is Not Acceptable) 1810 IMESON ROAD 83 84 City JACKSONVILLE FL 85 Zip Code 32220 | |
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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 *Reginald Taylor III* (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAYLOR, A. REGINALD III | 1.2 NAME | TAYLOR, A. REGINALD III |
| STREET ADDRESS | 3332 CORBY STREET | 1.3 STREET ADDRESS | 1810 IMESON ROAD |
| CITY-ST-ZIP | JACKSONVILLE FL 32205 | 1.4 CITY-ST-ZIP | JACKSONVILLE, FL. 32220 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAYLOR, PAMELOR | 2.2 NAME | TAYLOR, PAMELA |
| STREET ADDRESS | 3332 CORBY STREET | 2.3 STREET ADDRESS | 1810 IMESON ROAD |
| CITY-ST-ZIP | JACKSONVILLE FL 32205 | 2.4 CITY-ST-ZIP | JACKSONVILLE, FL. 32220 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | K <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WAINWRIGHT, ALLEN B III | 3.2 NAME | KAREN JASPER |
| STREET ADDRESS | 1716 GROVE PARK DRIVE | 3.3 STREET ADDRESS | 1123 WYCOFF AVENUE |
| CITY-ST-ZIP | ORANGE PARK FL 32073 | 3.4 CITY-ST-ZIP | JACKSONVILLE, FL. 32205 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | KAREN JASPER |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 1123 WYCOFF AVENUE |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | JACKSONVILLE, FL. 32205 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | JAN WURSTER |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 385B BOONE PARK AVENUE |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | JACKSONVILLE, FL. 32205 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | DUANE EATMON |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 1519 HICKMAN ROAD |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | JACKSONVILLE, FLORIDA 32216 |

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.

CR2E037 (9/96)