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Apr 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000000809 (1)

1. Corporation Name

RAD MINISTRIES, INC.



Principal Place of Business

Mailing Address

1810 IMESON RD
JACKSONVILLE FL 32220
US

P.O. BOX 6483
JACKSONVILLE FL 32236-6483
US

3. Date Incorporated or Qualified

02/15/1996

4. FEI Number

59-3447091

Applied For

APPLIED FOR

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

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

TAYLOR, A. REGINALD III
1810 IMESON RD
JACKSONVILLE FL 32220

81 Name

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

83

84 City

FL

85

Zip Code

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)

[Signature]

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME P
STREET ADDRESS TAYLOR, A R III
CITY-ST-ZIP 1810 IMESON RD
JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME VP
STREET ADDRESS TAYLOR, PAMELOR
CITY-ST-ZIP 1810 IMESON RD
JACKSONVILLE FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VP
2.3 STREET ADDRESS TAYLOR, PAMELA
2.4 CITY-ST-ZIP 1810 IMESON RD.
JACKSONVILLE, FL.

TITLE ☐ DELETE
NAME D
STREET ADDRESS WAINWRIGHT, ALLEN B III
CITY-ST-ZIP 1716 GROVE PARK DRIVE
ORANGE PARK FL 32073

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME T
STREET ADDRESS JASPER, KAREN
CITY-ST-ZIP 1123 WYCOFF AVE
JACKSONVILLE FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME T
4.3 STREET ADDRESS FARRAH, KAREN
4.4 CITY-ST-ZIP 9188 CAMSHIRE DR.
JACKSONVILLE, FL.

TITLE ☐ DELETE
NAME T
STREET ADDRESS WURSTER, JAN
CITY-ST-ZIP 3858 BOONE PARK AVE.
JACKSONVILLE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME T
STREET ADDRESS EATMON, DUANE
CITY-ST-ZIP 1519 HICKMAN RD
JACKSONVILLE FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME T
6.3 STREET ADDRESS EATMON, DUANE
6.4 CITY-ST-ZIP 3312 SE 18TH TERR.
OKEECHOBEE, FL

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:

[Signature]

A. REGINALD TAYLOR III 4.20.98 904.693.0221

CR2E037 (10/97)