

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N96000000809

1. Entity Name
RAD MINISTRIES, INC.



FILED
Feb 03, 2004 08:00 AM
Secretary of State

Principal Place of Business
**1810 IMESON RD
JACKSONVILLE, FL 32220 US**

Mailing Address
**P.O. BOX 6483
JACKSONVILLE, FL 32236-6483 US**



01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3447091

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TAYLOR, A R III
STREET ADDRESS	1810 IMESON RD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	TAYLOR, PAMELA
STREET ADDRESS	1810 IMESON RD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	WAINWRIGHT, ALLEN B III
STREET ADDRESS	1716 GROVE PARK DRIVE
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	TR
NAME	FARRAH, KAREN
STREET ADDRESS	9188 CAMSHIRE DR
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	TR
NAME	WURSTER, JAN
STREET ADDRESS	3858 BOONE PARK AVE.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	TR
NAME	EATMON, DUANE
STREET ADDRESS	8355 SE 57TH DR
CITY-ST-ZIP	OKEECHOBEE, FL

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/04 904-693-0518
904-655-5583