

2-26-97 B-2368 XC

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Feb 26 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001171 (5)

1. Corporation Name

NICKERSON MINISTRIES, INC.

Principal Place of Business

18809 AVENUE BIARRITZ  
LUTZ FL 33549

Mailing Address

18809 AVENUE BIARRITZ  
LUTZ FL 33549-53093. Date Incorporated or Qualified  
03/04/19963a. Date of Last Report  
N/A

2. Principal Place of Business

21 2511 N. Grady Avenue

Suite, Apt. #, etc.  
56City & State  
Tampa, FLZip  
33607Country  
USA

2a. Mailing Address

26 2511 N. Grady Avenue

Suite, Apt. #, etc.  
56City & State  
Tampa FLORIDAZip  
33607Country  
USA

4. FEI Number

31-1478515

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NICKERSON, HARDY O  
18809 AVENUE BIARRITZ  
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to  
office or  
agent17.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered  
agent. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered  
agent 617.0503, Florida Statutes.

SIGN:

Signature typed or printed

Registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME  
D NICKERSON, HARDY O  
STREET ADDRESS  
18809 AVENUE BIARRITZ  
CITY-ST-ZIP  
LUTZ FL 33549TITLE ☐ DELETENAME  
D NICKERSON, AMYLURINE C  
STREET ADDRESS  
18809 AVENUE BIARRITZ  
CITY-ST-ZIP  
LUTZ FL 33549TITLE ☐ DELETENAME  
D FESTE, GREG  
STREET ADDRESS  
4665 SWEETWATER BLVD SUITE 105  
CITY-ST-ZIP  
SUGAR LAND TX 77479TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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: X Hardy O Nickerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97

(813) 949-1668

Daytime Phone # 0045982

CR2E037 (9/96)