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Jul 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001649 (0)

1. Corporation Name

TAMMY LOUNSBERRY MINISTRIES, INC.

Principal Place of Business

Mailing Address

629 JERRELLS AVENUE
FT. WALTON BEACH FL 32547

629 JERRELLS AVENUE
FT. WALTON BEACH FL 32547-3168

3. Date Incorporated or Qualified
03/21/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

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26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOUNSBERRY, TAMMY
629 JERRELLS AVENUE
FT. WALTON BEACH FL 32547

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

Tammy Lounsberry President
(NOTE: Registered Agent signature required when reinstating)

May 1, 1997
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME LOUNSBERRY, TAMMY
STREET ADDRESS 629 JERRELLS AVENUE
CITY-ST-ZIP FT. WALTON BEACH FL 32547

TITLE VD ☐ DELETE

NAME LOUNSBERRY, GREGORY
STREET ADDRESS 629 JERRELLS AVENUE
CITY-ST-ZIP FT. WALTON BEACH FL 32547

TITLE VD ☐ DELETE

NAME PALMER, DIANNE
STREET ADDRESS 6418 EUDAILY-COVINGTON ROAD
CITY-ST-ZIP COLLEGE GROVE TN 37048

TITLE D ☐ DELETE

NAME HARRISON, JENNIFER
STREET ADDRESS P.O. BOX 680564
CITY-ST-ZIP FRANKLIN TN 37068-0564

TITLE STD ☐ DELETE

NAME DRYDEN, VIOLET
STREET ADDRESS 4425 LUKE AVENUE
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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)