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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004466

1. Corporation Name

JIMMY PITTMAN MINISTRIES, INC.

Principal Place of Business

533 EAST EL PASO AVENUE
CLEWISTON FL 33440

Mailing Address

POST OFFICE BOX 101
CLEWISTON FL 33440
US



2. Principal Place of Business

21 228 E. Arcade Ave

Suite, Apt. #, etc.

22

23 Clewiston, FL

Zip Country

24 33440 25

2a. Mailing Address

26 228 E. Arcade Ave

Suite, Apt. #, etc.

27

28 Clewiston, FL

Zip Country

29 33440 30

3. Date Incorporated or Qualified

08/27/1996

4. FEI Number

59-3407108

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PITTMAN, JAMES L
228 E ARCADE AVENUE
CLEWISTON FL 33440

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 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PITTMAN, JAMES LESLIE

STREET ADDRESS 228 E ARCADE AVENUE

CITY-ST-ZIP CLEWISTON FL 33440

TITLE VD ☐ DELETE

NAME ENSOR, GARRY

STREET ADDRESS TROPICAL MH PARK, LOT 296

CITY-ST-ZIP CLEWISTON FL

TITLE STD ☐ DELETE

NAME PITTMAN, PAULA Y

STREET ADDRESS 228 E ARCADE AVENUE

CITY-ST-ZIP CLEWISTON FL 33440

TITLE D ☐ DELETE

NAME ENSOR, GARRY

STREET ADDRESS TROPICAL MOBILE HOME PARK, LOT 296

CITY-ST-ZIP CLEWISTON FL

TITLE D ☐ DELETE

NAME CHAMNESS, MARIA

STREET ADDRESS 523 E OSCEOLA AVE

CITY-ST-ZIP CLEWISTON FL

TITLE ☐ DELETE

NAME

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 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, with all other like empowered.

SIGNATURE: *Paula Y. Pittman* 4/30/99 941-983-2373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)