FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**1. Corporation Name

Principal Place of Business

2. Principal Place of Business

HERSEY, OLIS D REV

15726 SHARK ROAD

JACKSONVILLE FL 32226

18328 DUNN CREEK RD JACKSONVILLE FL 32218

Suite, Apt. #, etc.

City & State

21

22

23

24

77

Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

N96000004931 (9)

26

27

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Mailing Address

15726 SHARK BLVD.

2e. Mailing Address

City & State

JACKSONVILLE FL 32218

Suite, Apt. #, etc.

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TRINITY CHRISTIAN FELLOWSHIP MISSION, INC.

Country

9. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

25

HERSEY, OLIS D

15726 SHARK ROAD

HERSEY, VERNON

TAYLOR, DELL

15726 SHARK ROAD

15726 SHARK ROAD

JACKSONVILLE FL 32226

JACKSONVILLE FL 32226

JACKSONVILLE FL 32226

3. Date Incorporated or Qualified 09/<u>20/1996</u> 4. FEI Number Applied For 59-3409571 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? This corporation owes or has paid the current year Intangible Country 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number Is Not Acceptable) 83 Zip Code 85 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. (NOTE: Registered Agent signature required when reinstating) 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 Change 2.1 TITLE Addition

FILED

Apr 02 1998 8:00am

Secretary of State

CITY-ST-ZIP 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.

2.2 NAME

3.1 TITLE

3.2 NAME

41 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

SIGNATURE:

904/757-1881 3-29-98 904/714-0040

☐ Change

Change

Change

Change

Addition

Addition

Addition

Addition