


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000001175</b>	
1. Entity Name <b>STRICKLAND MINISTRIES, INC.</b>	

Principal Place of Business <b>2367 RYAN PLACE TALLAHASSEE, FL 32309</b>	Mailing Address <b>2367 RYAN PLACE TALLAHASSEE, FL 32309</b>
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**DO NOT WRITE IN THIS SPACE**



04252004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3435014</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>STRICKLAND, RONALD L 2367 RYAN PLACE TALLAHASSEE, FL 32309</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STRICKLAND, RONALD L 2367 RYAN PLACE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CHAPMAN, DAVID B 908 WASHINGTON STREET TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOPER, MICHAEL D 1915 RAA AVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD STRICKLAND, LISA M 2367 RYAN PLACE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PENNY, MARK A 1338 AIRPORT DRIVE, H-8 TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITE, DAVID G 1225 GATESHEAD CIRCLE TALLAHASSEE, FL 32311

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04/29/04-80175-003 61.25

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12. 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 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.

<b>SIGNATURE:</b>  <b>RONALD L. STRICKLAND</b>	<b>4-25-04</b>	<b>(850) 891-5332</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>