

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

APPROVED  
AND  
FILED

Q

99 OCT 26 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000811

1. Corporation Name

CONCEPTS & PRECEPTS MINISTRIES INC.

Principal Place of Business

Mailing Address

108 N. MADISON ST.  
QUINCY, FL. 32351

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 108 N. MADISON ST.

26 Suite, Apt. #, etc.

4. FEI Number

☒ Applied For  
☐ Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 City & State  
QUINCY, FL.

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip  
32351

25 Country  
Gadsden

29 Zip  
Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAUL S. HOLMES  
208 N. 10TH ST.  
QUINCY FLA. 32351

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

Paul S. Holmes

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PASTOR  
NAME PAUL HOLMES  
STREET ADDRESS 208 N. 10TH ST.  
CITY-ST-ZIP QUINCY, FL 32351

TITLE MISSIONARY  
NAME DOROTHY HOLMES  
STREET ADDRESS 208 N. 10TH ST.  
CITY-ST-ZIP QUINCY FLA. 32351

TITLE SECRETARY  
NAME THAWANDA RAY  
STREET ADDRESS 300 SOUTH ATLANTA, ST  
CITY-ST-ZIP QUINCY FL. 32351

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 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:

Paul Holmes

10-21-99

Date

Daytime Phone #

CR2E037 (11/98)

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*Dear Sir, I have been told (by this department) to write this note to inform you that I have not received any other notice and I respectfully request a waiver of any late charges that may have accrued.*

*Sincerely: Pastor Paul S. Holmes*