2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000002126

1. Entity Name
FROM MINISTRIES, INC.

Principal Place of Business	Mailing Address
8750 PERIMETER PARK BLVD JACKSONVILLE, FL 32216-6347	8750 PERIMETER PARK BLVD JACKSONVILLE, FL 32216-6347

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01192004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3565178
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIMONIC, NICHOLAS T
8750 PERIMETER PARK BLVD
JACKSONVILLE, FL 32216-6347

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STRICKLAND, EUGENE
STREET ADDRESS	P.O. BOX 230996
CITY-ST-ZIP	ANCHORAGE, AK 995230996
TITLE	ST
NAME	STICKLAND, NANCY
STREET ADDRESS	P.O. BOX 99523-0996
CITY-ST-ZIP	ANCHORAGE, AK 995230996
TITLE	D
NAME	WHEELER, DAVID
STREET ADDRESS	4400 FOXHAVEN DR W
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	NEWMAN, JAMES
STREET ADDRESS	7019 RIVERCREST DR
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	DYKES, AUBREY
STREET ADDRESS	1109 LANDS END LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/04-80047-011 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.

SIGNATURE: Eugene Strickland Eugene Strickland 4/9/04 904-372-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #