

DOCUMENT # N99000003716

1. Entity Name

II CORINTHIANS MINISTRIES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

01-27-2000 90141 026 ****70.00

Principal Place of Business

708 W. 2ND ST.
QUINCY FL 32351

Mailing Address

708 W. 2ND ST.
QUINCY FL 32351-3836

2. Principal Place of Business

5 N Madison St.
Suite, Apt. #, etc.

3. Mailing Address

708 W. 2nd St.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Quincy, FL

City & State

Quincy, FL

4. FEI Number

59-3584210

Applied For

Not Applicable

Zip

32351

Country

Gadsden

Zip

32351

Country

Gadsden

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COPELAND, ROSILYN
708 W. 2ND ST.
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10.

OFFICERS AND DIRECTORS

TITLE	PASTOR	<input type="checkbox"/> Delete
NAME	Rosilyn Copeland	(D)
STREET ADDRESS	708 W. 2nd St.	
CITY-ST-ZIP	Quincy, FL 32351	
TITLE	Lay member	<input type="checkbox"/> Delete
NAME	Kimberly Jackson	(T)
STREET ADDRESS	52 Hillside Dr.	
CITY-ST-ZIP	Quincy, FL 32351	
TITLE	Lay member	<input type="checkbox"/> Delete
NAME	Rebecca Walker	(T)
STREET ADDRESS	708 W 2nd St.	
CITY-ST-ZIP	Quincy, FL 32351	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Patsy Henry	(T)
STREET ADDRESS	52 Bucks Kn Circle	
CITY-ST-ZIP	Midway, FL 32343	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)