


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90083 023 \*\*\*\*70.00

<b>DOCUMENT # N99000003716</b> 1. Entity Name <b>II CORINTHIANS MINISTRIES, INC.</b>					
Principal Place of Business <b>5 N. MADISON ST. QUINCY, FL 32351</b>			Mailing Address <b>708 W. 2ND ST. QUINCY, FL 32351</b>		
2. Principal Place of Business <b>91 Serenity Lane</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 238</b> Suite, Apt. #, etc.			
City & State <b>Quincy, FL</b> Zip <b>32351</b>		City & State <b>Quincy, FL</b> Zip <b>32353</b>		4. FEI Number <b>59-3584210</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COPELAND, ROSILYN 708 W. 2ND ST. QUINCY, FL 32351</b>			7. Name and Address of New Registered Agent Name <b>Rosilyn Walker</b> Street Address (P.O. Box Number is Not Acceptable) <b>708 W 2nd St.</b> City <b>Quincy</b> <b>FL</b> Zip Code <b>32351</b>		
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 <b>Rosilyn Walker, Pastor</b> DATE <b>1/15/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 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>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COPELAND, ROSILYN 708 W. 2ND ST. QUINCY, FL 32351	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, KIMBERLY 52 HILLSIDE DR. QUINCY, FL 32351	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, KEISKA 708 W. 2ND ST. QUINCY, FL 32351	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HENRY, PATSY 52 BUCKS KN CIRCLE MIDWAY, FL 32343	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VICKERS, JERRY DEACON 272 PT. MILLIGAN RD QUINCY, FL 32351	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Rosilyn Walker 708 W 2nd St Quincy, FL 32351				
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: <b>Rosilyn Walker</b> DATE <b>1/15/04</b> (85) 815-9229 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

24002887



01142004 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **Rosilyn Walker**  
Street Address (P.O. Box Number is Not Acceptable)  
**708 W 2nd St.**  
City **Quincy** **FL** Zip Code **32351**

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 **Rosilyn Walker, Pastor** DATE **1/15/04**  
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  
Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
 DP  
Rosilyn Walker  
708 W 2nd St  
Quincy, FL 32351  
☒ Change ☐ Addition

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SIGNATURE: **Rosilyn Walker** DATE **1/15/04** (85) 815-9229  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR