

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000003716

1. Entity Name
II CORINTHIANS MINISTRIES, INC.



Principal Place of Business
**91 SERENITY LANE
QUINCY, FL 32351**

Mailing Address
**P.O. BOX 238
QUINCY, FL 32353**



01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3584210	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WALKER, ROSILYN
708 W. 2ND ST.
QUINCY, FL 32351**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000292719
04/07/05-80082-011 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALKER, ROSILYN 708 W. 2ND ST. QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, KIMBERLY 52 HILLSIDE DR. QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, KEISKA 708 W. 2ND ST. QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HENRY, PATSY 52 BUCKS KN CIRCLE MIDWAY, FL 32343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VICKERS, JERRY DEACON 272 PT. MILLIGAN RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **4/5/05 (PSC) 875-9229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #