

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Merham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02469** (5)

1. Corporation Name

**CHILDREN'S MINISTRY INTERNATIONAL, INC.**



Principal Place of Business

Mailing Address

**1314 IDLEWOOD ROAD  
TUCKER GA 30084**

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TUCKER GA 30084**

3. Date Incorporated or Qualified  
**06/20/1984**

3a. Date of Last Report  
**03/06/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**58-1495641**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FITZGERALD, J. PAUL  
202 OAK STREET  
MILTON FL 32570**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GAMMAGE, JOHN G	
STREET ADDRESS	4175 FRANK NEELY RD.	
CITY - ST - ZIP	NORCROSS GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILLIAMS, RANDY	
STREET ADDRESS	3999 SUGAR VALLEY CT	
CITY - ST - ZIP	CONYERS GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PERKINS, RICHARD M.	
STREET ADDRESS	585 PINE RIDGE RD	
CITY - ST - ZIP	WYTHEVILLE VA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ASHBAUGH, DOYLE S.	
STREET ADDRESS	5141 HWY 78 LOT 36A	
CITY - ST - ZIP	STONE MOUNTAIN GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THIGPEN, HENRY S.	
STREET ADDRESS	1314 IDLEWOOD RD	
CITY - ST - ZIP	TUCKER GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAINE, D.J.	
STREET ADDRESS	2025 S SHADES CREST	
CITY - ST - ZIP	BESSEMER AL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ASSIST. EXECUTIVE DIRECTOR
6.3 STREET ADDRESS	BRADLEY Y WINSTED
6.4 CITY - ST - ZIP	3926 THORN RIDGE WAY
	ATLANTA, GA 30340

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Henry S. Thigpen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 (770) 493-8952

CR2E037 (12/95)