

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **P02469** (5)

1. Corporation Name

CHILDREN'S MINISTRY INTERNATIONAL, INC.

Principal Place of Business

**1314 IDLEWOOD ROAD
TUCKER GA 30084**

Mailing Address

**1314 IDLEWOOD ROAD
TUCKER GA 30084-7717**



3. Date Incorporated or Qualified
06/20/1984

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

☐

**\$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 617.003, Florida Statutes.

SIGNATURE

J. Paul Fitzgerald

[Signature]

7.30.97

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 checked="" 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	AED	<input type="checkbox"/> DELETE
NAME	WINSTED, BRADLEY	
STREET ADDRESS	3926 THORN RIDGE WAY	
CITY - ST - ZIP	ATLANTA GA	

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 checked="" type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	WINSTED, BRADLEY X.
4.4 CITY - ST - ZIP	3926 THORN RIDGE WAY ATLANTA, GA
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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:

[Signature]

Jan 24, 97

(770) 493-8952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0075378

CR2E037 (9/96)