

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90085 035 ****70.00

0068519

DOCUMENT # 707461

1. Corporation Name

JOHNSON CHAPEL OF LAUREL FLA INC

Principal Place of Business

506 CHURCH STREET
P.O. BOX 601
LAUREL FL 34272-0601

Mailing Address

506 CHURCH STREET
P.O. BOX 601
LAUREL FL 34272-0601



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

3. Date Incorporated or Qualified

06/19/1964

4. FEI Number

65-0093102

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

9. Name and Address of Current Registered Agent

BECKOM, WILLIE J.
109 WOODINGHAM DR
VENICE FL 34292

10. Name and Address of New Registered Agent

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

TITLE PD
NAME DUPREE, REV. JAMES L.
STREET ADDRESS 1712 28TH ST. CT. E.
CITY-ST-ZIP PALMETTO FL

☒ DELETE

TITLE VD
NAME HARVIN, WADE
STREET ADDRESS 1588 22ND STREET
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE SD
NAME MCCOY, BERTHA M.
STREET ADDRESS 404 COLLINS RD
CITY-ST-ZIP LAUREL FL

☐ DELETE

TITLE S
NAME BECKOM, BEATRICE L.
STREET ADDRESS 109 WOODINGHAM DR
CITY-ST-ZIP VENICE FL

☒ DELETE

TITLE T
NAME HARRIS, VIRGINIA
STREET ADDRESS 640 VALENCIA
CITY-ST-ZIP NOKOMIS FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PD
1.3 STREET ADDRESS BECKOM, REV. W. J.
1.4 CITY-ST-ZIP 109 WOODINGHAM DR
VENICE, FL 34292

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Willie J. Beckom* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-99

Date

941-483-3332

Daytime Phone #

CR2E037 (11/98)