

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

APPROVED AND FILED

98 OCT 21 AM 9:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0000045

DOCUMENT # **N16504** (5)

1. Corporation Name
HEIRS OF GOD EVANGELISTIC MINISTRIES, INC.



Principal Place of Business		Mailing Address	
RT. 7, BOX 648-4 LAKE CITY FL 32055 US		RT. 7, BOX 648-4 LAKE CITY FL 32055 US	
2. Principal Place of Business		3. Date Incorporated or Qualified	
21		08/25/1986	
2a. Mailing Address		4. FEI Number	
25		59-2870342	
22		Applied For	
27		Not Applicable	

5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOSTON, GEORGE RT. 7, BOX 648-4 (HWY. 100-A) LAKE CITY FL 32055				81 Name FRANK T. Church			
				82 Street Address (P.O. Box Number is Not Acceptable) 741 WALDRON ST			
				83			
				84 City LAKE CITY FL 85 Zip Code 32025			

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 Rev Frank Church DATE 10-11-1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	FRANK Church <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTON, GEORGE	1.2 NAME	FRANK Church
STREET ADDRESS	P.O. BOX 6196 N/A	1.3 STREET ADDRESS	741 WALDRON ST
CITY-ST-ZIP	LULU FL 32061	1.4 CITY-ST-ZIP	LAKE CITY FL 32025
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODFREY, ALICE	2.2 NAME	GARY SMITH
STREET ADDRESS	209 E. HILLSBORO ST.	2.3 STREET ADDRESS	1310 S.E. MAPLE ST.
CITY-ST-ZIP	LAKE CITY FL 32055	2.4 CITY-ST-ZIP	High Springs, FL 32643
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, WILLIE	3.2 NAME	SMITH, JOYCE A.
STREET ADDRESS	1460 DYSON ST.	3.3 STREET ADDRESS	1310 S.E. MAPLE ST.
CITY-ST-ZIP	LAKE CITY FL 32055	3.4 CITY-ST-ZIP	High Springs, FL 32643
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, CURLIE	4.2 NAME	ART WRIGHT
STREET ADDRESS	1460 DYSON ST.	4.3 STREET ADDRESS	PO BOX 1405
CITY-ST-ZIP	LAKE CITY FL 32055	4.4 CITY-ST-ZIP	HIGH SPRINGS FLA. 32655
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	David Wedge
STREET ADDRESS		5.3 STREET ADDRESS	RT. 19 Box 1672 Lake City 32025
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	000002669440-6
STREET ADDRESS		6.3 STREET ADDRESS	-10/21/98-01073-020
CITY-ST-ZIP		6.4 CITY-ST-ZIP	*****61.25 *****61.25

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.

SIGNATURE: Rev Frank Church SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 9-14-98 DAYTIME PHONE # 7522368

CR2E037 (5/98)