NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Principal Place of Busini	3
%JEANETTE V. TAYLOR	:
1885 CLEMATIS LANE	
WINTER PARK FL 32792	

FILED May 04, 1999 8:00 am § Secretary of State 05-04-1999 90106 043 ****61.25

DOCUI	MENT # N28887	7				
DIAKONIA MINISTRY, INC.					CF : WINC WOME	
Principal Place of Business Mailing Address %JEANETTE V. TAYLOR 1885 CLEMATIS LANE WINTER PARK FL 32792 WINTER PARK FL 32792 WINTER PARK FL 32792						
Principal Place of Business 2a. Mailing Address 26					3. Date Incorporated or Qualifed 10/17/1988	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 59-2957287	Applied For Not Applicable
City & Stat	e	City & State			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
Zip 24	Country 25 9. Name and Address of Curre	Zip 29	Count	ry 	6. Election Campaign Financing Trust Fund Contribution 10. Name and Address of New Registered	\$5.00 May Be Added to Fees
1885 CLE WINTER P	JEANETTE V. MATIS LANE IARK FL 32792		8	Gity	ress (P.O. Box Number is Not Acceptable) Flooration submits this statement for the purpose of t	changing its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obligation of	of Florida. Such change was a ations of, Section 617.0503, Flo	aumonzeo o orida Statute	ss.	on's board of directors. I hereby accept the appo	
12.		ND DIRECTORS	13.	gant arginator o raquin	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	DP TAYLOR, JEANETTE V. 1885 CLEMATIS LANE	☐ DELETE		E EET ADDRESS		☐ Change ☐ Addition
TITLE NAME	WINTER PARK FL D GOLSTEYN, JERRY 1019 BIRKDALE TRAIL	☐ DELETE	2.1 TITLE 2.2 NAM 2.3 STRE		 	Change Addition
STREET AODRESS CITY- ST- ZIP TITLE NAME	WINTER SPRINGS FL 32708 D GOLSTEYN, NANCY	☐ DELETE	_	r-ST-ZIP		☐ Change ☐ Addition
STREET AODRESS CITY-ST-ZIP TITLE		DELETE	1	EET ADDRESS /-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	,			IE EET ADDRESS -ST-ZIP	·	
TITLE NAME STREET ADDRESS		C DELETE	5.1 TITLI 5.2 NAM 5.3 STRE	E E EET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	6.1 TITU 6.2 NAM 6.3 STRI	E		☐ Change ☐ Addition
OUTLAND	1		BA CITY	-ST-ZIP		1

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.