

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
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90019 031 ****61.25

DOCUMENT # N51352

1. Corporation Name

SUMMERFIELD CHRISTIAN REVIVAL CENTER, INC.

Principal Place of Business

14500 S.E. 73RD AVENUE
SUMMERFIELD FL 34492

Mailing Address

C/O VICTOR E MULLIN, JR
P.O. BOX 153 14500 SE 73 AVE
SUMMERFIELD FL 34492
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/20/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3150933

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULLIN, VICTOR E., JR.
14500 S.E. 73RD AVE.
SUMMERFIELD FL 34492

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME MULLIN, VICTOR E., JR.
STREET ADDRESS 14500 S.E. 73RD AVE.
CITY-ST-ZIP SUMMERFIELD FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME SANDERS, PRISCILLA J.
STREET ADDRESS 2310 N. ROLLING HILL RD.
CITY-ST-ZIP WILDWOOD FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME MULLIN, ESTHER M
STREET ADDRESS 14500 S.E. 73RD AVENUE
CITY-ST-ZIP SUMMERFIELD FL 34492

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME MULLIN, JERRY E.
STREET ADDRESS 14500 S.E. 73RD AVE.
CITY-ST-ZIP SUMMERFIELD FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME MULLIN, DANIEL E.
STREET ADDRESS 14500 S.E. 73RD AVE.
CITY-ST-ZIP SUMMERFIELD FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME COLLIER, JAMES
STREET ADDRESS 102 S WARFIELD AVE
CITY-ST-ZIP WILDWOOD FL 34785

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:

Victor E. Mullin Jr. (Victor E. Mullin Jr.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037_ (11/98)