FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

N94000002319

Mailing Address

SOUTHLAND GOSPEL MINISTRIES. INC.

97 SEP 17 AM 10: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

461 South Main Street P.O. Box 1461 LaBelle, FL 33935 LaBelle, FL 3397					5	Date Incorporated or Qualified			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For 65-9484187 Applied For Not Applied			
21		26				140t Applicate	ole		
Suite, Apt. #, etc.		Suite, Apt #, etc.				5. Certificate of Status Desired Section Fee Required			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country Zip 25 3			intry		8. This corporation has liability for intangible tax under \$. 199.032, Florida Statutes Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
RALPH ELVER				81	Name				
P.O. Box 1461				82 Street Address (P.O. Box Number is Not Acceptable)					
461 South Main Street				83					
LaBelle, FL 33975				60					
				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						DATE	_		
12. OFFICERS AND DIRECTORS				ogistored Agent signature requir		required whon reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv		
President /Director Character			_	1.1 TITLE Change Ad			ion		
NAME	Ralph Elver P.O. Box 1461 (441 Belmont)			1.2 NAME		·	ł		
STREET ADDRESS	LaBelle, FL 33975			13 STREET ADDRESS					
CITY-ST-ZIP	· ZIP			1.4 CITY - ST - ZIP					
TITLE	Sec/Treas./Director			21 TITLE		☐ Change ☐ Addiri	ion		
NAME	Catherine C. Elver			2 2 NAME		200002298282=-\$:)		
STREET ADDRESS	P.O. Box 1461 (441 Belmont)		2.3 \$1	2.3 STREET ADDRESS		200002298282\$ -09/19/9701088004	_		
CITY-ST-ZIP	LaBelle, FL 33975			2. 4 CITY+ST-ZIP		*****61.25 *****61.25	1		
TITLE	Director DELETE			3,1 TITLE		Change L. Additi	ION		
NAME	Milo S. Elver			3 2 NAME 3 3 STREET ADDRESS			Į		
STREET ADDRESS P.Q. Box 1461 (441 Belmont)				3.4. CITY-S1-ZIP					
CITY-ST-ZIP	LaBelle, FL 339		3.4. C		11 - ZIP	Change Additi	ion		

CITY-ST-ZIP 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 trade 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 in application of with an address.

4. 2 NAME

5.1 TITLE 5.2 NAME

61 TITLE 62 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADORESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

Ralph Elver

9/3/97 (941) 675-5800 Date Dayling Prone #

Change

Addition

Addit on