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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90296 073 ****61.25

05-06-1999 90296 074 *****8.75

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000001217

1. Corporation Name

ALMS FOR HUMANITY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 13
LAKELAND FL 33802
US

P.O. BOX 13
LAKELAND FL 33802
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

03/03/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3429755

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAINES, MICHAEL A REV
2015 DEERFIELD DRIVE
LAKELAND FL 33813

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 **DPC** ☐ DELETE

NAME **GAINES, MICHAEL A REV**

STREET ADDRESS **P.O. BOX 13 N/A**

CITY-ST-ZIP **LAKELAND FL 33802**

TITLE **D** ☐ DELETE

NAME **MORRIS, CLARENCE**

STREET ADDRESS **5134 W. HARVARD STREET**

CITY-ST-ZIP **LAKELAND FL 33802**

TITLE **D** ☒ DELETE

NAME **BARON, JOSEPH N**

STREET ADDRESS **3375 BARTOW ROAD**

CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **S** ☐ DELETE

NAME **GREEN, MARY**

STREET ADDRESS **252 WEST ARIANA**

CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

B T ☐ Change ☒ Addition

Rushelle Perry
2205 S. Country Loop
Lakeland, FL 33811

V ☐ Change ☒ Addition

John Brown
P.O. Box 282 N/A
Lakeland, FL 33801

C ☐ Change ☒ Addition

Lorenzo Robinson
1929 Providence Road
Lakeland, FL 33805

D ☐ Change ☒ Addition

Anne B. Phyll
1022 OHIO St.
Lakeland, FL 33805

D ☐ Change ☒ Addition

Thelma Truedell
1420 N. Florida Ave. Apt 117
Lakeland, FL 33805

D ☐ Change ☒ Addition

Daniel Johnson
1145 OHIO ~~Avenue~~ St.
Lakeland, FL 33805

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:

Rev Michael A Gaines
4-27-99

Date

Daytime Phone #

CR2E037 (11/98)