FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:16

DOCUMENT # **P35616** **(2)**

1. Corporation Name
THE GIDEONS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2900 LEBANON ROAD NASHVILLE TN 37214	2900 LEBANON ROAD NASHVILLE TN 37214

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/23/1991**
3a. Date of Last Report: **03/01/1994**
4. FEI Number: **36-2270051** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

KELLEY, J. EUGENE, JR.
418 EAST VIRGINIA STREET
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HAROLD C HARRIS	1.2 NAME	
STREET ADDRESS	8239 COLLEGE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROANOKE VA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	LARRY L ASPEGREN	2.2 NAME	
STREET ADDRESS	6205 NW 83RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKALHOMA CITY OK	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCLINTON, WENDELL	3.2 NAME	
STREET ADDRESS	805 HARBOR VIEW TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OLD HICKORY TN	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	LOLYD V STONE JR.	4.2 NAME	
STREET ADDRESS	68 LAKEVIEW DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CONWAY AR	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: _____ 4/5/95 615/883-8533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074243