FILE NOW: FILING FEE IS $61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State
04-20-1999 90300 048 ****61.25

0081458

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P35616**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/23/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 36-2270051 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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
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	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LARRY L ASPEGREN		1.2 NAME	Lloyd V. Stone, Jr.	
STREET ADDRESS	6205 NW 83RD STREET		1.3 STREET ADDRESS	1506 HWY 286 West 103	
CITY-ST-ZIP	OKALHOMA CITY OK		1.4 CITY-ST-ZIP	Conway, AR 72033	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BURDEN, JERRY		2.2 NAME		
STREET ADDRESS	101 W CATALINA CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	HERMITAGE TN 37076		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	LOLYD V STONE JR.		3.2 NAME	D. Michael Richey	
STREET ADDRESS	68 LAKEVIEW DRIVE		3.3 STREET ADDRESS	1590 Fox Creek Rd	
CITY-ST-ZIP	CONWAY AR		3.4 CITY-ST-ZIP	Lawrenceburg, KY 40342-9773	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	RICHEY, D. MICHAEL		4.2 NAME	Kevin W. Fuller	
STREET ADDRESS	1101 HAZEL DR.		4.3 STREET ADDRESS	178 Noble St	
CITY-ST-ZIP	LAWRENCEBURG KY		4.4 CITY-ST-ZIP	Geelong 3220, Victoria, Australia	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED 3/25/99 615-883-8533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #