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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N97000001217

1. Corporation Name: ALMS for Humanity, Inc.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: March 3, 1997

4. FEI Number: 59-3429755 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 13	26 P.O. Box 13
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Lakeland, Florida	28 City & State: Lakeland, Florida
24 Zip: 33802 25 Country: USA	29 Zip: 33802 30 Country: USA

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: Rev Michael A. Gaines
	82 Street Address (P.O. Box Number is Not Acceptable): 2015 Deerfield Dr.
	83
	84 City: Lakeland FL 85 Zip Code: 33813

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: Rev Michael A Gaines
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	D	☒ DELETE	1.1 TITLE	DPC	☒ Change ☐ Addition
NAME	William J. BOSS		1.2 NAME	Rev. Michael A. Gaines	
STREET ADDRESS	625 E. PONDEROSA		1.3 STREET ADDRESS	P.O. BOX 13 N/A	
CITY-ST-ZIP	Lakeland, Florida 33809		1.4 CITY-ST-ZIP	Lakeland, Florida 33802	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	Sheila Cofield		2.2 NAME	Clarence Merris	
STREET ADDRESS	249 Mary Catherine Ct.		2.3 STREET ADDRESS	5134 W. Harvard St.	
CITY-ST-ZIP	Lakeland, Florida 33809		2.4 CITY-ST-ZIP	Lakeland, Florida 33802	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	Antonio Garrett		3.2 NAME	Joseph N. Baron	
STREET ADDRESS	605 W. Lee Street		3.3 STREET ADDRESS	3375 Bartow Rd	
CITY-ST-ZIP	Plant City, Florida 33566		3.4 CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	DCEO	☒ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	Michael A. Gaines I		4.2 NAME	Mary Green	
STREET ADDRESS	2015 Deerfield Dr.		4.3 STREET ADDRESS	525 West Ariana	
CITY-ST-ZIP	Lakeland, FL 33813		4.4 CITY-ST-ZIP	Lakeland, FL 33803	
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	600002508696	
STREET ADDRESS			6.3 STREET ADDRESS	-05/04/98--01012--004	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***70.00	

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.

SIGNATURE: Rev Michael A Gaines, Rev. Michael A. Gaines 4/17/98 941 6479500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)