

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90077 024 ****61.25

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DOCUMENT # 754597

1. Corporation Name

PACE ASSEMBLY MINISTRIES, INC.

Principal Place of Business

Mailing Address

%GLYN LOWERY, JR
3948 HWY 90
PACE FL 32571-8998

%GLYN LOWERY, JR
3948 HWY 90
PACE FL 32571-8998



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/13/1980

4. FEI Number

59-1944606

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

10. Name and Address of New Registered Agent

LOWERY, GLYN, JR
3948 HWY 90
PACE FL 32571-8998

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

D

☐ DELETE

NAME

BUSBEE, MACK H, SR

STREET ADDRESS

3948 HWY 90

CITY-ST-ZIP

PACE, FL 00000

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

STEWART, A M

STREET ADDRESS

3948 HWY 90

CITY-ST-ZIP

PACE, FL 00000

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

ENFINGER, DONALD W.

STREET ADDRESS

3948 HWY 90

CITY-ST-ZIP

PACE, FL 00000

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

P

☐ DELETE

NAME

LOWERY, GLYN, JR

STREET ADDRESS

3948 HWY 90

CITY-ST-ZIP

PACE, FL 00000

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

ST

☐ DELETE

NAME

WARRICK, DANNY F.

STREET ADDRESS

3948 HWY 90

CITY-ST-ZIP

PACE, FL 00000

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

WENDT, EARL JR

STREET ADDRESS

3948 HWY 90

CITY-ST-ZIP

PACE FL

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

A. M. Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/99 **850 994-7131**

CR2E037 (11/98)