

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N02306**

1. Corporation Name

**EVER INCREASING WORD OF FAITH MINISTRIES, INCORPORATED**

Principal Place of Business

3739 SKYVIEW ROAD  
PO BOX 6141  
MARIANNA FL 32446  
US

Mailing Address

P O BOX 6141  
PO BOX 6141  
MARIANNA FL 32447  
US

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90176 032 \*\*\*\*70.00



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

03/30/1984

4. FEI Number

59-2549916

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

9. Name and Address of Current Registered Agent

**TAYLOR, SAUNDRETTE**  
3701 SKYVIEW ROAD  
MARIANNA FL 32446

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **D JOHNSON, CARLTON M**  
STREET ADDRESS **4052 OLD COTTONDALE RD STE 804**  
CITY-ST-ZIP **MARIANNA FL 32448**

TITLE ☐ DELETE

NAME **D BAXTER, WILLIE C JR**  
STREET ADDRESS **5356 15TH ST**  
CITY-ST-ZIP **MALONE FL 32445**

TITLE ☐ DELETE

NAME **TD BEECHEM, CORA L.**  
STREET ADDRESS **4522 JACKSON RD**  
CITY-ST-ZIP **COTTONDALE FL**

TITLE ☐ DELETE

NAME **SD TAYLOR, SAUNDRETTE**  
STREET ADDRESS **3701 SKYVIEW ROAD**  
CITY-ST-ZIP **MARIANNA FL**

TITLE ☐ DELETE

NAME **D MARTIN, PHILLIP**  
STREET ADDRESS **4528 CLEARWATER LANE**  
CITY-ST-ZIP **MARIANNA FL**

TITLE ☐ DELETE

NAME **D PELT, JESSIE**  
STREET ADDRESS **5462 AVERY RD**  
CITY-ST-ZIP **MARIANNA FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

*See attachment*

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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: *Saundrette Taylor* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99

Date

(850) 526-4704

Daytime Phone #

0010555

CR2E037-(11/98)