

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**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90096 007 \*\*\*\*61.25

**DOCUMENT # N97000006720**

1. Corporation Name

**GEMMA G. SAMUEL MINISTRIES, INC.**

Principal Place of Business

P.O. BOX 55 2684  
CAROL CITY FL 33055

Mailing Address

P.O. BOX 55 2684  
CAROL CITY FL 33055



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/01/1997

4. FEI Number

65-0797771

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

**SAMUEL, GEMMA G**  
**5349 NW 190TH STREET**  
**MIAMI FL 33055**

10. Name and Address of New Registered Agent

81 Name

**SAMUEL, GEMMA G.**

82 Street Address (P.O. Box Number is Not Acceptable)

**4311 NW 198th Terrace**

83

**Carol City, Fl. 33055**

84 City

**FL**

85 Zip Code

**33055**

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

*Gemma G. Samuel, President*

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

(NOTE: Registered Agent signature required when reinstating)

**4-28-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **STD**  
STREET ADDRESS **BAILEY, WILLIE**  
CITY-ST-ZIP **4431 NW 174 DRIVE**  
**CAROL CITY FL 33055**

TITLE ☒ DELETE  
NAME **DV**  
STREET ADDRESS **BROWN, CHARLES**  
CITY-ST-ZIP **5349 NW 190TH ST**  
**MIAMI FL 33055**

TITLE ☐ DELETE  
NAME **PTD**  
STREET ADDRESS **SAMUEL, GEMMA G**  
CITY-ST-ZIP **5349 NW 190 ST**  
**MIAMI FL 33055**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **V/C/ASST. T...**  
1.3 STREET ADDRESS **RUDOLPH BARBER**  
1.4 CITY-ST-ZIP **1411 NW 175th STREET**  
**MIAMI, FL. 33169**

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 **4311 NW 198th Terrace**  
3.4 CITY-ST-ZIP **Carol City, FL. 33055**

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: *Gemma G. Samuel* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-99 305 628-8174**

Date

Daytime Phone #

CR2E037 (11/98)