NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Hards

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #** 703599

1. Corporation Name

FILED Jun 30, 1999 8:00 am Secretary of State

06-30-1999 90006 039 ****61.25

Principal Place	RST CHURCH OF GOD OF e of Business 5 So. School Ave. rasota, F1 34237-8039	Mailing Address					★ 5 5	36419 ⁶ - 90 6 17	- ¹ 37	 	;
2. Principal f	Place of Business	2a. Mailing Address				3. Date Inc	corporated or Qu	alifed			7
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Suite, Apt	. #, etc.	Suite, Apt. #, etc.				4. FEI Nun	nber			Applied For	
22		27					<u> 59-12</u>	90953		Not Applicable]
City & Sta	ite .	City & State				5. Certifcat	e of Status Desi	red 🗍		Additional,	
23		28								Required	 :-
Zip	Country	ZIO	<u>c</u> _	ntry		1	Campaign Fina	nding 🗀		O-May Be ·· d to Fees	-} - -
24	25	29	30		-		nd Contribution nd Address of	New Register		10 Lbe3	-
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				82	Street Addres	ss (P.O. Box I RO Shadi	Number is Not A ow Ridge	cceptable) Circle			1 1
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				84	City		•	F	L 85 Zir	Code	1 1
Ciliod Ci	registered agent, of both, in and casto of	Florida, Such change was a	uthorized	by th	e corporation	i's board of di	rectors. I hereby	accept the ap	pointment as i	egisio cu	1
agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and account the obligate signature. Typedecentiled name of registered spetitions of the control of th	and title if applicable. (NOTE	M7			hard D.	Watt NS/CHANGES 1	DATE	/24/99 AND DIRECT	ORS IN 12	1/98)
SIGNATURE	Signature, typedracare lied name of registered speril of PFICERS AND	and title if applicable. (NOTE	H-7 Regissered	Agent si	Ric	hard D.	Watt	DATE	/24/99	ORS IN 12	(11/98)
SIGNATURE	Signature Typed scarfied name of regulared specific OFFICERS AND	and tide if applicable. (NOTE	Regissered 13.	Agent si	Ric	hard D.	Watt	DATE	/24/99 AND DIRECT	ORS IN 12	1 11
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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 triat 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 of an attachment with applications, with all other like empowered.

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