

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
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90007 017 ****70.00

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DOCUMENT # 706615

1. Corporation Name

PRAISE CHAPEL, INC.

Principal Place of Business

PRAISE CHAPEL, INC.
804 31ST STREET WEST
BRADENTON FL

Mailing Address

PRAISE CHAPEL, INC.
30797 CLAY GULLY ROAD
SARASOTA FL 34240



2. Principal Place of Business

21 25022 N.W. 122 AVE

Suite, Apt. #, etc.

22

City & State

23 High Springs, FL

Zip

24 32643

Country

25 ALACHUA

2a. Mailing Address

26 25022 N.W. 122 AVE

Suite, Apt. #, etc.

27

City & State

28 High Springs, FLA.

Zip

29 32643

Country

30 ALACHUA

3. Date Incorporated or Qualified

12/30/1963

4. FEI Number

59-1819902

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

MULLINS, KENNETH
30797 CLAY GULLY ROAD
SARASOTA FL 34240

81 Name

KENNETH E. MULLINS

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

25022 N.W. 122 AVE

83

84 City

High Springs

FL

85 Zip Code

32643

10. Name and Address of New Registered Agent

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 PD ☐ DELETE

NAME MULLINS, KENNETH

STREET ADDRESS RT. 2, BOX 350H

CITY-ST-ZIP SARASOTA FL

TITLE S ☐ DELETE

NAME MULLINS, KAY

STREET ADDRESS RT. 2, BOX 350H

CITY-ST-ZIP SARASOTA FL

TITLE OD ☐ DELETE

NAME HOWELL, RENEE L.

STREET ADDRESS 2802 11TH AVENUE, WEST

CITY-ST-ZIP BRADENTON FL

TITLE D ☐ DELETE

NAME MULLINS, KENNETH E JR

STREET ADDRESS RT. 3 BOX 79A

CITY-ST-ZIP NEWTON KS 67114

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KENNETH E. MULLINS 6/28/99

Date

Daytime Phone #

CR2E037 (11/98)