

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 708057

1. Corporation Name

CHILD EVANGELISM FELLOWSHIP OF ALACHUA COUNTY, I
NC.

Principal Place of Business

2103 NW 36TH TERRACE
GAINESVILLE FL 32605-3631

Mailing Address

2103 NW 36TH TERRACE
GAINESVILLE FL 32605-3631

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90004 019 ****61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

Child Evangelism
Fellowship of Alachua
PO Box 357267

27 City & State

Gainesville, FL

28 Zip

Country

29 32635-7267 30 Alachua

3. Date Incorporated or Qualified

11/03/1964

4. FEI Number

59-1000180

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

MCDONALD, PATRICK
202 SE 51ST ST
GAINESVILLE FL 32601

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 CD
MCDONALD, PATRICK
STREET ADDRESS 202 SE 51ST ST
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ DELETE

NAME VCD
MCDONALD, PATRICK
STREET ADDRESS 202SE 51ST
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ DELETE

NAME SD
BARRAM, MILDRED
STREET ADDRESS 2103 NW 36TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ DELETE

NAME T
HOMAN, RAYMOND
STREET ADDRESS 625 NE 20TH AVE
CITY-ST-ZIP GAINESVILLE FL 32609

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:

ROBERT STUBBS REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-99

352-378-0949

Date

Daytime Phone #

CR2E037 (5/99)

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