

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 17, 1999 8:00 am
Secretary of State

05-17-1999 90100 017 ****61.25

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DOCUMENT # 711393

1. Corporation Name

SKYVIEW ASSEMBLY OF GOD, INC.

Principal Place of Business

**3330 SKYVIEW DR
LAKELAND FL 33801**

Mailing Address

**1515 CRESCENT PLACE
LAKELAND FL 33801-6603
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/25/1966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2240658

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCOTT CALDWELL
1701 W PARKER ST
LAKELAND FL 33801**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **SHELTON, ROYCE**
STREET ADDRESS **4623 HIGHLANDS PLACE DRIVE**
CITY-ST-ZIP **LAKELAND FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **P** ☐ DELETE

NAME **BISHOP, JOHN**
STREET ADDRESS **1515 CRESCENT PL**
CITY-ST-ZIP **LAKELAND FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☒ DELETE

NAME **RICK MYERS**
STREET ADDRESS **426 HAMPTON AVE**
CITY-ST-ZIP **LAKELAND FL 33801**

3.1 TITLE **D** ☐ Change ☒ Addition

TITLE **SD** ☐ DELETE

NAME **SCOTT CALDWELL**
STREET ADDRESS **1701 W PARKER ST**
CITY-ST-ZIP **LAKELAND FL 33801**

3.2 NAME **ROSALYN CREW**

3.3 STREET ADDRESS **LAKELAND FL 338**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS

4.4 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN BISHOP

5/19/99

Date

Daytime Phone #

(941) 666-2030
(941) 665-5038

CR2E037 (1/98)