FILE NOW: FILING FEE IS $61.25

FILED
Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **711904** **(3)**

1. Corporation Name

HAPPY GOSPEL SINGERS EVANGELISTIC CRUSADE, INC.

Principal Place of Business	Mailing Address
2015 51ST AVENUE EAST BOX 144 ONECO FL 34264-0144	2015 51ST AVENUE EAST BOX 144 ONECO FL 34264-0144

3. Date Incorporated or Qualified: 12/06/1966

4. FEI Number: 59-6194207 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1915-53 ave E	26 Box 144
22 Suite, Apt. #, etc. ONECO, FLA.	27 Suite, Apt. #, etc. Oneco, Fla
23 City & State 34264 - U.S.A	28 City & State 34264 - U.S.A
24 Zip	25 Country
	29 Zip
	30 Country

9. Name and Address of Current Registered Agent

FANECA, MARGARET
2015 51ST AVENUE EAST
ONECO FL 34264

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	FANECA,MARGARET		1.2 NAME	Sally Bailey	
STREET ADDRESS	2015 51ST AVENUE EAST		1.3 STREET ADDRESS	5105 17 St Ct E	
CITY-ST-ZIP	ONECO FL		1.4 CITY-ST-ZIP	Bradenton, Fla	
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLINE, RICHARD T.		2.2 NAME		
STREET ADDRESS	2907 59 ST CT E		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FANECA, STANLEY		3.2 NAME		
STREET ADDRESS	2015 51ST AVENUE EAST		3.3 STREET ADDRESS		
CITY-ST-ZIP	ONECO FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CLINE, THOMAS H.	Deceased aug 12, 1997	4.2 NAME		
STREET ADDRESS	5220 33RD STREET EAST		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCECO FL		4.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CLINE, BETTY		5.2 NAME		
STREET ADDRESS	5220 33RD STREET EAST		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BAILEY, JR. W J		6.2 NAME		
STREET ADDRESS	5105-17 ST. CT. E		6.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: MARGARET FANECA — Margaret Faneca - 4-7-98.

PH-(941)-755-4496