FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # 711904

HAPPY GOSPEL SINGERS EVANGELISTIC CRUSADE, INC.

Country

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Principal Place of Business 1915 53 AVE E ONECO FL 34264 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

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24

Zip

Mailing Address

BOX 144 ONECO FL 34264

2a. Mailing Address

City & State

Suite, Apt. #, etc.

US

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FILED Mar 09, 1999 8:00 am § Secretary of State

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 \Box

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

12/06/1966

59-6194207

4. FEI Number

Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
		81	Name	9	}		
FANECA, MARGARET			Stree	t Address (P.O. Box Number is Not Acceptable)			
2015 51ST AVENUE EAST			21166	Address (F.O. Box Number is Not Acceptable)	_ •		
ONECO FL 34264					- :		
UNEOU FL 34204				nel 7:- 0	4		
		84	City	FL 85 Zip Coo	ue i		
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 Age				pent signature required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
TITLE	PD DELETE	1.1 TITLE			#Addition		
NAME	FANECA, MARGARET	12 NAME		D Spanis			
STREET ADDRESS	2015 51ST AVENUE EAST	1.3 STREE	T ADDRESS	s TODD, FRANK 스타이어 A 제상된 A POLICE	004		
CITY-ST-ZIP	ONECO FL	1.4 CITY-S	T-ZIP	1919-53rd. ave. east, oneco. fila. 34			
TITLE	DVP DELETE	2.1 TITLE		1 h = -			
NAME	CLINE, RICHARD T.	2.2 NAME		The state of the s	-		
STREET ADDRESS	2907 59 ST CT E	2.3 STREE	T ADDRES	s TODD; SHARON 3 3 3 6 5 7			
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-	ST-ZIP	1919- 53rd. AVE.E., ONECO, FLA 34264			
TITLE	DT DELETE	3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Addition		
NAME	FANECA, STANLEY	3.2 NAME		Parint 1			
STREET ADDRESS	2015 51ST AVENUE EAST	3.3 STREE	T ADDRES		į		
CITY-ST-ZIP	ONECO FL	3.4. CITY-5	ST-ZIP	3			
TITLE	D DELETE	4.1 TITLE		☐ Change	☐ Addition		
NAME	BAILEY, SALLY	4. 2 NAME					
STREET ADDRESS	5105 17TH CT E	4.3 STREE	T ADDRES	s			
CITY-ST-ZIP	BRADENTON FL	4.4 CITY- S	T-ZIP	7 . W. C			
TITLE	DS DELETE	5.1 TITLE		Change	☐ Addition		
NAME	CLINE, BETTY	5.2 NAME		W. W. W.			
STREET ADDRESS	5220 33RD STREET EAST	5.3 STREE	TADORES:				
CITY-ST-ZIP	BRADENTON FL	5.4 CITY- S	ST-ZIP	San Co			
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 STREE	TADDRES	s 2 2 2 7 7 7			
CITY-ST-ZIP	BRADENTON FL	6.4 CfT (- S		sd Number of the			
44	and the second s			ad in Section 440 07/2/() Florida Statutes I further certify that the info			

Country

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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: MAREOCHERETRE FINNER (Margary Jane) Jet 24, 1999

KZEU3/ (11/98)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable