FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #
1. Corporation Name

714735

(8)

THE GATHERING INTERNATIONAL INC.

Principal Place of Business		Mailing Address				* *************************************			11211 47211 1037	
4057 BOUGAINVILLEA RD.		4057 BOUGAINVILLEA RD.			3. Da	ate Incorporated or Quali	fied	•••		
BOYNTON BEACH FL 33436		BOYNTON BEACH FL 33436 US				06/11/1968				
03		03				4. FE	l Number			pplied For
							59-0940572			lot Applicable
· ·	face of Business	2a. Mailing Address			5. Ce	ertificate of Status Desire	d 🔽		Additional Required	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			6. FI	ection Campaign Financi	na -	\$5.00		
22		27				ust Fund Contribution		Added t		
City & State		City & State			7. Is this nonprofit corporation a homeowners association?					
23		28			Yes No					
Zip Country		Zip Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
24	25 9. Name and Address of Curre	nt Registered Agent	30				ersonal Property Tax due			<u>-1 100</u>
	a. Italic and Addiss of Care	it hogistored Agont		81	Name					
FRIESEN, LAWRENCE J				82	Ctroot	ddraga (B Ö	. Box Number is Not Acc	ontobio)		
	OUGAINVILLEA RD		82 Street			aaress (P.O.	. Box Number is Not Acci	eptable)		
	ON BEACH FL 33436		j	83						
				84	City				85 Zip	Code
								FL	.	
11. Pursuant	to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblic	02 and 617.1508, Florida Statu e of Florida, Such change was	ites, the at	oove vd b	-named the corr	corporation su cration's boa	ubmits this statement for rd of directors. I hereby a	the purpose of accept the app	changing i ointment as	its registered s registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Stat	utes			•			_
SIGNATURE.	Signature, typed or printed name of registered ag	the standards (BiC	TE: Boalstorer	1 6000	at elegature	equired when rein	netation)	DATE		
12.		ID DIRECTORS	13.	1 AGE	ii sigrature		DITIONS/CHANGES TO (DIRECTO	RS (N 12
TITLE	PD	☐ DELETE	1.1 TII	1.1 TITLE					Change	Addition
NAME	FRIESEN, LAWRENCE J		1.2 NA	ME						
STREET ADDRESS	4057 BOUGAINVILLEA RD.		1.3 ST	REET	address					
CITY-ST-ZIP	BOYNTON BEACH FL 33436		1.4 01	TY-ST	[-ZIP				1820Ê:	<u> </u>
TITLE	STD	☐ DELETE	2.1 717		ļ				Change	Addition
NAME	BALOK, GARY		2.2 NA			_				
_STREET ADDRESS.	1312 PERIWINKLE PL.				ADDRESS	331.	+ N. 412	Simo		
CITY-ST-ZIP	WELLINGTON FL	DELETE	2. 4 CI 3.1 T/I		T-ZIP	F140E	VIX AZ	850	Change	Addition
TITLE	vpd Friesen, William		3.1 NA		ļ					
STREET ADDRESS	24 ROSEMORE RD.				ADDRESS					
CITY-ST-ZIP	ST.CATHARINES.ONT.CAN.		3.4. CI							
TITLE	OT.OATTAINEO,ONT.OAN.	☐ DELETE	4.1 Til		1-21		·····		Change	Addition
NAME			4. 2 N	4. 2 NAME						
STREET ADDRESS		•	4.3 ST	4.3 STREET AL						
CITY-ST-ZIP			4.4 CI1	TY-ST	r-zip					
TITLE		DELETE	5.1 TIT	TLE					Change	Addition
NAME			5.2 NAME							
STREET ADDRESS	5.3		5.3 ST	5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY - S		r-zip					
TITLE		DELETE	6.1 ΠΤ	TLE					L Change	Addition
NAME			6.2 NA							
STREET ADDRESS			6.3 ST	REET /	address					

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 13 if chapters, or on an attachment with an address.

SIGNATURE: Lancering TriBRENTE WAY SALENCE J. FRIESEN 1/6/97 561-374-960

CR2E037 (10/97)

FILED

Jan 22 1998 8:00am

Secretary of State