

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
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90041 012 ****61.25

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DOCUMENT # 718171

1. Corporation Name

DAVIS TEMPLE CHURCH OF GOD IN CHRIST OF GIFFORD,
INC.

Principal Place of Business
POST OFFICE BOX 2772
VERO BEACH FL 32961-2772

Mailing Address
POST OFFICE BOX 2772
VERO BEACH FL 32961-2772



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/09/1970

4. FEI Number
59-2350139

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

WOODS, ROBERT
4685 56TH AVENUE
VERO BEACH FL 32967

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 V
NAME BELL, DESSIE, SR.
STREET ADDRESS 4876 29TH AVE.
CITY-ST-ZIP VERO BEACH FL

TITLE DP
NAME WOODS, ROBERT
STREET ADDRESS 4685 56TH AVE.
CITY-ST-ZIP VERO BEACH FL

TITLE D
NAME JACKSON, NOBIE L.
STREET ADDRESS 4575-28TH AVE.
CITY-ST-ZIP VERO BEACH FL

TITLE S
NAME GAITHER, SANDRA
STREET ADDRESS 4655 52ND AVE
CITY-ST-ZIP VERO BEACH FL 32967

TITLE D
NAME BROWN, ALFONSO
STREET ADDRESS 1855 40TH AVE., APT. #2
CITY-ST-ZIP VERO BEACH FL

TITLE D
NAME ELIGHA PRYOR
STREET ADDRESS 4646 30TH AVE
CITY-ST-ZIP VERO BCH FL

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 MALCOLM, WALTON LEESON
3.3 STREET ADDRESS 4585 48th AVENUE
3.4 CITY-ST-ZIP VERO BEACH, FL 32967

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:

SIGNATURE

RECEIVED WOODS 2-7-99

361-569-4788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)