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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

1/6/97 813-661-8853 Dayline Phone # 0048673

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

728532

(3)

GERRISH EVANGELISTIC MINISTRY, INC.

| Principal Place of Business Mailing Address | | | | | | | |
|---|--|---|--|---|--------|---------------|---|
| 2006 CIMMARO VALRICO FL 33 | N RUN DRIVE | 2006 CIMM | 2006 CIMMARON RUN DRIVE VALRICO FL 33594-4772 | | | | |
| | | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 04/04/1996 |
| | lace of Business | | 2a. Mailing Address | | | | 4. FEI Number Applied For 23-7354096 Not Applied by |
| Suite, Apt. | # etc | | Suite, Apt. #, etc. | | | | CO 75 4435: |
| 22 | | 27 | , ipc. 11, 010. | | | | 5. Certificate of Status Desired Fee Required |
| City & State | e | City & | State | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | | | | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | | Cour | ntry | | 8. This corporation has liability for intangible tax under s. 199.032, |
| 24 | 25 9. Name and Address of Curre | 29 ant Registered A | gent | <u> 30 </u> | | | Florida Statutes Yes No |
| | g. Hamo dita Acardo or Cont | Jill Hegistored P | ·your | · · | 81 | Name | |
| GERRISH | H (HAROLD P.) | | | | | - Ch | - Add (DO D. All |
| 2006 CIMMARON RUN DRIVE | | | | | 82 | Street | et Address (P.O. Box Number is Not Acceptable) |
| |) FL 33594 | | | ľ | 83 | | |
| | | | | | 84 | City | 85 Zip Code |
| | | | | | | • | FL i |
| office or r | egistered agent, or both, in the Sta | te of Florida. Suc | h change wa | s authorized | vd t | the cor | ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered |
| ~ | m familiar with, and accept the obli | igations of, Section | on 617.0503, | Florida Stati | uies | • | |
| SIGNATURE . | Signature typed or printed name of registered a | igent and title if applical | bie. (N | OTE: Registered | Agei | nl signature | ture required when reinstating) DATE |
| 12. | | ND DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | | DELETE | 1.5 TET | LE | | Change Addition |
| NAME | GERRISH (HAROLD P) | _ | | 1.2 NA | ME | | |
| STREET ADDRESS | 2006 CIMMARON RUN DRIV | 'E | | 1.3 ST | AEET | address | \$ |
| CITY-ST-ZIP | VALRICO FL | | December | 1.4 CIT | | - ZI P | |
| THILE | D Gerrish, Harold P., Jr. | | ☐ DELETE | 2.1 TIT | | | Change Addition |
| NAME STREET ADDRESS | 101 DEER TRAIL | | | 2.2 NA | | *DDDCCC | |
| CITY-ST-ZIP | MADISON, AL 35758 | | | 2.4 01 | | ADDRESS | 8 |
| TITLE | SD SD | ····· | DELETE | 3.1 101 | | 1-71 | Change Addition |
| NAME | GERRISH (MERRY INA) | | | 3.2 NA | ME | | |
| STREET ADDRESS | 2006 CIMMARON RUN DRIV | Œ | | 3.3 ST | REET . | ADDRESS | .s |
| CITY-ST-ZIP | VALRICO FL | | | 3.4. CI | TY-S | T- ZIP | |
| TITLE | D | | DELETE | 4.1 TIT | LE | | Change Addition |
| NAME | vaughn, melanie a | | | 4. 2 NA | AME | | |
| STREET ADDRESS | 309 CRYSTAL GOBLET | | | 4.3 ST | REET | ADDRESS | S . |
| CITY-ST-ZIP | VALRICO FL | | — | 4.4 CH | | -ZIP | |
| TITLE | D D | | ☐ DELETE | 5.1 T)T | | | Change Addition |
| NAME | GERRISH, M. ROBIN | 405 | | 5.2 NA | | | marine Thirst 4. Dans 44 /226 |
| STREET ADDRESS | 3450 JONES MILL ROAD, # NORCORSS GA | CUP | | | | ADDRESS | |
| CITY-ST-ZIP TITLE | ווטחטטחטט עא | | DELETE | 5.4 CIT 6.1 TIT | | - ZIP | NOR CROSS, GA Change Addition |
| NAME | | | | 6.2 NA | | | E Grange E Addition |
| STREET ADDRESS | | | | | | ADDRESS | s |
| CITY-ST-ZIP | | | | 6.4 CIT | | | ` |
| 14. I do herek informatio I am an o | in indicated on this annual report or fficer or director of the corporation i | r supplemental ar or the receiver or | nnual report is trustee empo | alify for the os s true and a owered to e | exer | nption s | In stated in Section 119.07(3)(i), Florida Statutes. I further certify that the and that my signature shall have the same legal effect as if made under oath; that is report as required by Chapter 617, Florida Statutes; and that my name |
| appears i | n Block 12 or Block 13 if changed, | | | | and Ma | . | - V/ |