

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**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90031 021 \*\*\*\*61.25

**DOCUMENT # 736945**

1. Corporation Name

**CHURCH WITH GOD AND CHRIST OF ALACHUA, FLORIDA, INC.**

Principal Place of Business

15 SE DOUGLAS ST  
HIGH SPRINGS FL 32616

Mailing Address

P.O. BOX 194  
ALACHUA FL 32615

\* 3 1 6 1 2 7 - 9 0 0 3 1 - 2 1 7 \*



2. Principal Place of Business

21 615 SE Martin Luther King Drive

2a. Mailing Address

26 Suite, Apt. #, etc.

22 High Springs, Florida

27 City &amp; State

23 32643 America

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

CURTIS, HIRAM B.  
15620 W 134 TERRACE  
P.O. BOX 194  
ALACHUA FL 32615

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/30/1976

4. FEI Number

59-2892729

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

10. Name and Address of New Registered Agent

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 *Hiram B. Curtis* HIRAM B. CURTIS

03-23-99

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 ☐ DELETENAME  
CURTIS, HIRAM B SR.  
STREET ADDRESS  
15620 W 134 TERR  
CITY-ST-ZIP  
ALACHUA FLTITLE ☐ DELETENAME  
CURTIS, ANTHONY H  
STREET ADDRESS  
15620 W 134 TERR  
CITY-ST-ZIP  
ALACHUA FL 32615TITLE ☐ DELETENAME  
CURTIS, MICHAEL H  
STREET ADDRESS  
15620 W 134 TERRACE  
CITY-ST-ZIP  
ALACHUA FLTITLE ☐ DELETENAME  
CURTIS, MAURICE H  
STREET ADDRESS  
15620 W 134TH TERR  
CITY-ST-ZIP  
ALACHUA FL 32615TITLE ☐ DELETENAME  
KELLY, DOANLD  
STREET ADDRESS  
2601 NE 57TH BLVD, #71  
CITY-ST-ZIP  
GAINESVILLE FL 32609TITLE ☐ DELETENAME  
WILLIAMS, ELOUISE  
STREET ADDRESS  
154 MERRILWOOD  
CITY-ST-ZIP  
ALACHUA FL 32616

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

2nd VP  
KELLY, DONALDD  
CURTIS, HIRAM B. JR.  
110 N. W. 39th Avenue, Apt..25-B  
Gainesville, Florida 32609

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Hiram B. Curtis* HIRAM B. CURTIS

03-23-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)