NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746623

1. Corporation Name

EVANGEL MINISTERS FELLOWSHIP, INC.

Principal Place of Business								
7821 ALGER RD								
CENTURY FL 32535								
US								

Mailing Address

FILED Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90038 001 ****61.25

P.O. BOX 907 CENTURY FL 32535	

2. 21	Principal Place of Business	2a 26	Mailing Address			3.	Date Incorporated or Qualifed 04/04/1979				
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			4.	FEI Number			Applied For	
22		27					59-2794078			Not Applicable	
23	City & State	28	City & State			5.	Certificate of Status Desired [-	•	75 Additional ee Required	
24	P Country Zip Cou			itry		6.	Election Campaign Financing Trust Fund Contribution		•	.00 May Be ided to Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81	Name						
REID, MATTIE 140 E. HECKER RD.				82	Street Address	s (P	O. Box Number is Not Acceptable	9)			
(CENTURY FL 32535										
				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.											

in laminal with, and accept the obligations of, Sec	Clion 617.0303, Florid	Ja Siaitiles.		:	2.					
SIGNATURE										
			<u> </u>							
		13.	13. ADDITIONS/CHANGES TO OFFICERS AND							
, · -	☐ DELETE	1.1 TITLE	•	☐ Change	☐ Addition					
		1.2 NAME								
69 CENTER STREET P.O. BOX 1392		1.3 STREET ADDRESS	•							
COLUMBUS MI		1.4 CITY-ST-ZIP								
VD	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition					
BROGDON, J. R.	• •	2.2 NAME	•							
3064 ACADEMY DR		2.3 STREET ADDRESS								
VALDOSTA GA		2. 4 CITY-ST-ZIP								
VD	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition					
TRAVIS, L. JUSTICE		3.2 NAME		4						
48 OMEGA LN		3.3 STREET ADDRESS								
ALEXANDER CITY AL		3.4, CITY-ST-ZIP								
VD	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition					
		4. 2 NAME								
		4.3 STREET ADDRESS	•	• .	- K-					
DANVILLE AL		4.4 CITY-ST-ZIP								
- '	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition					
REID, MATTIE		5.2 NAME								
		5.3 STREET ADDRESS								
CENTURY FL		5.4 CITY+ST-ZIP	:							
	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition					
		6.2 NAME			Į					
		6.3 STREET ADDRESS		.~	F					
		6.4 C/TY-ST-ZIP								
	Signature, typed or printed name of registered agent and title if app OFFICERS AND DIRECTO PD POTTER, JERRY 69 CENTER STREET P.O. BOX 1392 COLUMBUS MI VD BROGDON, J. R. 3064 ACADEMY DR VALDOSTA GA VD TRAVIS, L. JUSTICE 48 OMEGA LN ALEXANDER CITY AL VD DAY, RON 1585 NEEL SCHOOL ROAD DANVILLE AL ST	SIgnature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS PD	OFFICERS AND DIRECTORS PD DELETE POTTER, JERRY 69 CENTER STREET P.O. BOX 1392 COLUMBUS MI VD BROGDON, J. R. 3064 ACADEMY DR VALDOSTA GA VD TRAVIS, L. JUSTICE 48 OMEGA LN ALEXANDER CITY AL VD DELETE ALEXANDER CITY AL VD DELETE DAY, RON 1585 NEEL SCHOOL ROAD DANVILLE AL ST REID, MATTIE PO BOX 998/140 E HECKER CENTURY FL LITTLE 1.1 TITLE 1.1	Signature, typed or printed name of registered agent and tible if applicable. OFFICERS AND DIRECTORS PD POTTER, JERRY 69 CENTER STREET P.O. BOX 1392 COLUMBUS MI VD DELETE BROGDON, J. R. 3064 ACADEMY DR VALDOSTA GA VD DELETE 31 TITLE 32 NAME 48 OMEGA LN ALEXANDER CITY AL VD DELETE 40 DELETE 31 STREET ADDRESS VALDOSTA GA 41 TITLE 32 NAME 33 STREET ADDRESS 44 CITY-ST-ZIP VD DAY, RON 1585 NEEL SCHOOL ROAD DANVILLE AL ST DELETE 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP DELETE 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 55 NEEL SCHOOL ROAD DANVILLE AL ST DELETE DELETE 51 TITLE 62 NAME 63 STREET ADDRESS 54 CITY-ST-ZIP 55 NEEL SCHOOL SOAD 55 NEEL SCHOOL ROAD 56 NAME 57 DELETE 51 TITLE 62 NAME 63 STREET ADDRESS 54 CITY-ST-ZIP 55 NEEL SCHOOL SOAD 55 NEEL SCHOOL SOAD 56 NAME 57 DELETE 51 TITLE 62 NAME 63 STREET ADDRESS 54 CITY-ST-ZIP 55 NEEL SCHOOL SOAD 55 NEEL SCHOOL SOAD 56 NAME 65 NEEL SCHOOLSS 6	Signature typed or printed name of registered agent and tithe if applicable. (NOTE: Registered Agent signature required when reinstating)					

14. I hereby certify that the information supplied with this filling 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:

GMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99

(850)256-2396

Daytime Phone #

R2E037 (11/98)