FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

STREET ADDRESS

CITY-ST-ZIP

DELAND GOSPEL ASSEMBLY, INC.

FILED							
Feb 05 1998 8:00am							
Secretary of State							

Principal Place of Business Mailing Address						ia Bill diğil diğil bibli bibli bibli bibli bibli ibdi
109 EAST ROSEHILL ANTHONY ORSINI					3. Date Incorporated or Qualified	<u> </u>
		36 VIRGINIA AVE. Deland Fl 32724	36 VIRGINIA AVE.		10/16/1980	
		DECKIND LT 25154			4. FEI Number	Applied For
T = T					<u>59-6585245</u>	Not Applicable
—	lace of Business	2a. Mailing Address			5. Certificate of Status Desired	S8.75 Additional Fee Required
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be
22		27			Trust Fund Contribution	Added to Fees
City & State	9	City & State		-	7. Is this nonprofit corporation a	
23		28				Yes Yo
Zip	Country	Zip	Country		8. This corporation owes or has Personal Property Tax due Jui	
24	25 9. Name and Address of Curr		30		10. Name and Address of New I	
	S. Harris and Addition of Con-	on negletored regult	81	Name		
ORSINI	ANTHONY		82	Stroot Ad	dress (P.O. Box Number is Not Accept	(ahla)
	INIA AVE		[02]	Stieet Au	ujess (F.O. Box Number is Not Accept	abie)
	FL 32724		83			
			84	City		85 Zip Code
		COO LOATATOO EL LA OLLA			the size Abia abia abia abia	FL
office or re	to the provisions of Sections 617.0 egistered agent, or both, in the Sti m familiar with, and accept the ob	502 and 617.1508, Florida Statute ate of Florida. Such change was a figations of. Section 617.0503. Flo	as, the above luthorized by brida Statutes	r the corpor 3.	rporation submits this statement for the ation's board of directors. I hereby acc	ept the appointment as registered
SIGNATURE						DATE
12,	Signature, typed or printed name of registered	agent and title if applicable. (NOTE AND DIRECTORS	13.	nt signature req	ulred when reinstating) ZADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	DPT	DELETE	1.1 TITLE		DM	☐ Change ☐ Addition
NAME	ORSINI, ANTHONY		1.2 NAME	1	KING FREDERICK 215 LAKE TALMI BLAND, FL., 82	. w. w.
STREET ADDRESS	AA 1850MH AME		1.3 STREET ADDRESS		215 LAKE TALMI	ADGE RD.
CITY-ST-ZIP	<u>D</u> ELAND FL		1.4 CITY - S	T-ZIP	BLAND, FL., 82"	724
TITLE	DVS	☐ DELETE	2.1 TITLE		, ,	Change Addition
NAME	HUTTON, BRADY		2.2 NAME			
STREET ADDRESS	40549 PLYMOUTH CIRCLE		2.3 STREET			
CITY-ST-ZIP TITLE	UMATILLA FL D	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE			Change Addition
NAME	HAAN, ERVIN J.	— Dece.	3.2 NAME			
STREET ADDRESS	6850 N. COCOA BLVD. #5	05	3.3 STREET	ADDRESS		
CITY-ST-ZIP	COCOA FL	•	3.4. CITY - 9	ST-ZIP		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-SF-ZIP		T pereze	4.4 CITY - S	T - Z (P		Change Addition
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	ADDRESS		
STREET ADDRESS			5.3 STREET 5.4 CITY - S			
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	1-217		Change Addition
NAME			6.2 NAME			- —

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.

6.3 STREET ADDRESS