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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754656

1. Corporation Name

DELAND GOSPEL ASSEMBLY, INC.

Principal Place of Business

**109 EAST ROSEHILL
DELAND FL 32724-2345**

Mailing Address

**ANTHONY ORSINI
36 VIRGINIA AVE.
DELAND FL 32724**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

FRED W. KING

Suite, Apt. #, etc.

27

215 LAKE TALMADGE RD.

City & State

28

DELAND, FL.

Zip

29

32724

Country

30

USA

3. Date Incorporated or Qualified

10/16/1980

4. FEI Number

59-6585245

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

**ORSINI, ANTHONY
36 VIRGINIA AVE
DELAND FL 32724**

10. Name and Address of New Registered Agent

81

Name **FRED W. KING**

82

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

215 LAKE TALMADGE RD.,

83

84

City **DELAND**

FL

85

Zip Code

32724

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 **Fred W. King (FRED W. KING)**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JAN 12, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT** ☒ DELETE

NAME **ORSINI, ANTHONY**

STREET ADDRESS **36 VIRGINIA AVE**

CITY-ST-ZIP **DELAND FL**

TITLE **DVS** ☐ DELETE

NAME **HUTTON, BRADY**

STREET ADDRESS **40549 PLYMOUTH CIRCLE**

CITY-ST-ZIP **UMATILLA FL**

TITLE **D** ☐ DELETE

NAME **HAAN, ERVIN J.**

STREET ADDRESS **6850 N. COCOA BLVD. #505**

CITY-ST-ZIP **COCOA FL**

TITLE **DM** ☒ DELETE

NAME **KING, FREDERICK W**

STREET ADDRESS **215 LAKE TALMADGE RD**

CITY-ST-ZIP **DELAND FL 32724**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DM, P, T** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**KING, FREDERICK W.
215 LAKE TALMADGE RD.,
DELAND, FL., 32724**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: **FREDERICK W. KING** **JAN 12/99** (904) 943-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)