

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 766972

1. Corporation Name

'A BETTER WAY' IN CHRIST MINISTRIES, INC.

Principal Place of Business

304 1/2 STR
FT PIERCE FL 34948
US

Mailing Address

PO BOX 3366
FT PIERCE FL 34948
US

FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90010 038 *****70.00



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

9. Name and Address:

PIERSALL, DICK
213 OSCEOLA AVE
FT. PIERCE FL 34982

11. Pursuant to the provisions of Section 607.08, I am familiar with, and accept the appointment as registered agent, of the person named in the following:

SIGNATURE Signature, typed or printed name

*Sorry, this is late
our house manager
died and this
form was stacked
on his desk and
I did not get it
until now.
Thanks, please forgive
me. Libby Piersall
Sec.*

3. Date Incorporated or Qualified

02/14/1983

4. FEI Number

59-2277741

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

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

FL 85 Zip Code

ation submits this statement for the purpose of changing its registered
n's board of directors. I hereby accept the appointment as registered

when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PIERSALL, RICHARD S	
STREET ADDRESS	213 OSCEOLA AVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DANNAHOWER, LUCIA	
STREET ADDRESS	809 S. INDIAN RIVER DR	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYNES, LOUIS	
STREET ADDRESS	2222 COLONIAL	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REV TED RICE	
STREET ADDRESS	2501 VIR AVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PIERSALL, LIBBY	
STREET ADDRESS	213 OSCEOLA AVE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MINIX, JIM	
STREET ADDRESS	5500 ST LUCIE BLVD.	
CITY-ST-ZIP	FORT PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PIERSALL, RICHARD S	
1.3 STREET ADDRESS	213 OSCEOLA AVE	
1.4 CITY-ST-ZIP	FT. PIERCE, FL 34982	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	INGENSOLO, DALE	
2.3 STREET ADDRESS	3004 LOST TREE BLVD.	
2.4 CITY-ST-ZIP	FORT PIERCE, FL. 34981	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	REV TED RICE	
4.3 STREET ADDRESS	4300 REDWOOD DR.	
4.4 CITY-ST-ZIP	FORT PIERCE, FL 34951	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Removal Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/99

561/461-7431

Date Daytime Phone #

CR2E037 (1/98)

0074206