

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 08, 1999 8:00 am
Secretary of State

04-08-1999 90063 009 ****61.25

DOCUMENT # 768546

1. Corporation Name

LARRY W. LINKOUS MINISTRIES, INC.

307465 - 90063 - 7

Principal Place of Business

C/O LARRY W. LINKOUS
1403 INDIAN RIVER AVE
TITUSVILLE FL 32780

Mailing Address

C/O LARRY W. LINKOUS
1403 INDIAN RIVER AVE
TITUSVILLE FL 32780



2. Principal Place of Business

21

Suite, Apt. #, etc.

788 Florencia Circle

City & State

Titusville, FL

Zip

32780

Country

USA

2a. Mailing Address

26

Suite, Apt. #, etc.

788 Florencia Circle

City & State

Titusville, FL 32780

Zip

32780

Country

USA

3. Date Incorporated or Qualified

05/19/1983

4. FEI Number

59-2298755

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

LINKOUS, LARRY W.
1403 INDIAN RIVER AVE
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name

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

788 Florencia Circle

83

84 City **Titusville, FL**

FL

85 Zip Code

32780

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/5/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PTD**
LINKOUS, LARRY W.
STREET ADDRESS **1403 INDIAN RIVER AVE**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ DELETE

NAME **SD**
LINKOUS, SANDRA
STREET ADDRESS **1403 INDIAN RIVER AVE**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ DELETE

NAME **D**
HANCOCK, GENA L.
STREET ADDRESS **1403 INDIAN RIVER AVE**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ DELETE

NAME **V**
LINKOUS, JASON M.
STREET ADDRESS **1403 INDIAN RIVER AVE**
CITY-ST-ZIP **TITUSVILLE FL**

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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **788 Florencia Circle**
1.4 CITY-ST-ZIP **Titusville, FL 32780**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **788 Florencia Circle**
2.4 CITY-ST-ZIP **Titusville, FL 32780**

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 **312 Bellair Dr.**
4.4 CITY-ST-ZIP **Cocoa, FL 32922**

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

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: *[Signature]* SIGNATURE REQUIRED **Sandra Linkous** 4/1/99 407 269-2551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25037-111981